

1 TO THE HONORABLE SENATE:

2 The Committee on Appropriations to which was referred Senate Bill  
3 No. 285 entitled “An act relating to expanding the Blueprint for Health and  
4 access to home- and community-based services” respectfully reports that it has  
5 considered the same and recommends that the report of the Committee on  
6 Health and Welfare be amended as follows:

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

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

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

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

19 (2) On or before January 15, 2023, the Green Mountain Care Board  
20 shall report on its activities pursuant to subsection (a) of this section to the

1 House Committee on Health Care and the Senate Committees on Health and  
2 Welfare and on Finance.

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

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

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

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

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

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

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

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

11      Sec. 3. DEVELOPMENT OF PROPOSAL FOR SUBSEQUENT

12                      ALL-PAYER MODEL AGREEMENT

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

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

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

8                (A) global payments for hospitals;

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

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

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

14        (2) The alternative payment models shall:

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

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

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



1 Green Mountain Care Board will require sequencing coordination and  
2 collaboration with the Director of Health Care Reform in the Agency of  
3 Human Services. This is especially true in light of the potential changes to the  
4 State’s Global Commitment to Health Section 1115 demonstration; the All-  
5 Payer Model agreement requirement for accountability for total cost of care;  
6 the scale of Medicare participation in the All-Payer Model agreement; the need  
7 for collaboration across the continuum of services in the health care and human  
8 services systems to enable the delivery of high-quality care and services in the  
9 most appropriate settings; and the short-, mid-, and longer-term strategies to  
10 address significant workforce challenges in the health care and human services  
11 systems.

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

