

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare 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 bill be amended by striking out
6 all after the enacting clause and inserting in lieu thereof the following:

7 * * * Payment and Delivery System Reform * * *

8 Sec. 1. HOSPITAL GLOBAL PAYMENT DESIGN; DATA COLLECTION
9 AND ANALYSIS; APPROPRIATIONS; REPORT

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

13 (1) develop a process for establishing and distributing global payments
14 from all payers to Vermont hospitals that will help move the hospitals away
15 from a fee-for-service model and will provide them with predictable,
16 sustainable funding that is sufficient to enable the hospitals to deliver high-
17 quality, affordable health care services to patients;

18 (2) determine how best to incorporate hospital global payments into the
19 Board’s hospital budget review, accountable care organization certification and
20 budget review, and other regulatory processes; and

1 (3) build on the Board’s existing work on health care data collection and
2 analysis through the Vermont Health Care Uniform Reporting and Evaluation
3 System (VHCURES) established pursuant to 18 V.S.A. § 9410 and the
4 Vermont health care expenditure analysis developed pursuant to 18 V.S.A.
5 § 9383 by performing per capita benchmarking analysis by hospital service
6 area and by cost category and providing meaningful comparisons to spending
7 levels for the same services in other U.S. states and regions.

8 (b) The sum of \$600,000.00 is appropriated from the General Fund to the
9 Green Mountain Care Board in fiscal year 2023 to support the Board and the
10 Director of Health Care Reform in the Agency of Human Services in the
11 design and development of a proposed agreement with the federal Centers for
12 Medicare and Medicaid Innovation to include Medicare in the hospital global
13 payments described in subsection (a) of this section.

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

17 (2) On or before January 15, 2023, the Green Mountain Care Board
18 shall report on its use of the funds appropriated in this section and the status of
19 its efforts to obtain Medicare participation in hospital global payments to the
20 House Committee on Health Care and the Senate Committees on Health and
21 Welfare and on Finance.

1 Sec. 2. HEALTH CARE DELIVERY SYSTEM TRANSFORMATION;
2 COMMUNITY ENGAGEMENT; DATA COLLECTION AND
3 ANALYSIS; APPROPRIATIONS; REPORT

4 (a) The sum of \$3,000,000.00 is appropriated from the General Fund to the
5 Green Mountain Care Board in fiscal year 2023 to engage one or more
6 consultants to assist the Board to:

7 (1)(A) facilitate a patient-focused, community-inclusive redesign of
8 Vermont’s health care system to reduce inefficiencies, lower costs, improve
9 population health outcomes, and increase access to essential services, including
10 both providing the analytics to support delivery system transformation and
11 leading the regional stakeholder community engagement process; and

12 (B) support hospitals and communities with change management
13 following the redesign; and

14 (2) enhance the State’s data collection and analysis by connecting
15 clinical and claims data through an enterprise master patient index (EMPI) that
16 collects data while preserving and protecting the confidentiality of individually
17 identifiable patient information, including determining how best to:

18 (A) optimize coordination and alignment of the EMPI with the
19 Vermont Health Care Uniform Reporting and Evaluation System (VHCURES)
20 established pursuant to 18 V.S.A. § 9410 and the Vermont Health Information
21 Exchange;

1 (B) use the data on patient care and outcomes to inform the work of
2 the Blueprint for Health, in collaboration with the Director of the Blueprint for
3 Health and the Director of Health Care Reform in the Agency of Human
4 Services, the State Health Improvement Plan adopted by the Agency of Human
5 Services pursuant to 18 V.S.A. § 9405(a), and the interactive price
6 transparency dashboard developed by the Board pursuant to 18 V.S.A. § 9411;
7 and

8 (C) detect potentially avoidable health care utilization and low-value
9 care and identify additional opportunities to use the data for quality-
10 improvement and cost-containment initiatives.

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

14 (2) On or before January 15, 2023, the Green Mountain Care Board
15 shall report on its use of the funds appropriated in this section, including the
16 status of the delivery system transformation process and the efforts to improve
17 the State’s health care data collection and analysis, to the House Committee on
18 Health Care and the Senate Committees on Health and Welfare and on
19 Finance.

20 * * * Blueprint for Health * * *

21 Sec. 3. 18 V.S.A. § 702(d) is amended to read:

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

2 * * *

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

7 Sec. 4. BLUEPRINT FOR HEALTH; COMMUNITY HEALTH TEAMS;

8 QUALITY IMPROVEMENT FACILITATORS; APPROPRIATION

9 (a) Notwithstanding any provision of 18 V.S.A. § 706 to the contrary,
10 health insurers and Vermont Medicaid shall increase by \$XXX the amount of
11 the per-person per-month payments to medical practices for contributions to
12 the shared costs of operating the Blueprint for Health community health teams
13 and quality improvement facilitators. The increase shall also apply to
14 Medicare to the extent permitted by the Centers for Medicare and Medicaid
15 Services.

16 (b) The sum of \$XXX in Global Commitment dollars is appropriated to the
17 Department of Vermont Health Access in fiscal year 2023 for the Vermont
18 Medicaid portion of the increased Blueprint payments pursuant to subsection
19 (a) of this section. If the Centers for Medicare and Medicaid Services does not
20 allow federal financial participation for the Medicaid increase, the Department
21 of Vermont Health Access shall cover the full amount with State dollars and

1 shall reconcile the difference in its fiscal year 2023 budget adjustment
2 proposal.

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

4 Sec. 5. OPTIONS FOR EXTENDING MODERATE NEEDS SUPPORTS;
5 WORKING GROUP; GLOBAL COMMITMENT WAIVER;
6 REPORT

7 (a) The Department of Disabilities, Aging, and Independent Living shall
8 convene a working group comprising representatives of older Vermonters,
9 home- and community-based service providers, the Office of the Long-Term
10 Care Ombudsman, the Office of the Health Care Advocate, the Agency of
11 Human Services, and other interested stakeholders to consider issues related to,
12 and develop recommendations for, extending access to long-term home- and
13 community-based services and supports to a broader cohort of Vermonters
14 who would benefit from assistance with one or more activities of daily living
15 and their family caregivers, including:

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

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

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

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

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

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

15 (b) The Department shall collaborate with others in the Agency of Human
16 Services as needed in order to incorporate the working group’s
17 recommendations into the Agency’s proposals to and negotiations with the
18 Centers for Medicare and Medicaid Services for the next iteration of
19 Vermont’s Global Commitment to Health Section 1115 demonstration, so that
20 the extended moderate needs supports can be available to Vermonters
21 beginning on January 1, 2023.

1 (c) On or before January 15, 2023, the Department shall report to the
2 House Committees on Human Services, on Health Care, and on Appropriations
3 and the Senate Committees on Health and Welfare and on Appropriations
4 regarding the working group’s findings and recommendations, including the
5 portions of the recommendations that were incorporated into the new Global
6 Committee demonstration and the amounts of any associated funding needs.

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

8 Sec. 6. 18 V.S.A. § 9375 is amended to read:

9 § 9375. DUTIES

10 * * *

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

16 * * * Effective Date * * *

17 Sec. 7. EFFECTIVE DATE

18 This act shall take effect on passage.

19 and that after passage the title of the bill be amended to read: “An act
20 relating to ___”

1 (Committee vote: _____)

2

3

Senator _____

4

FOR THE COMMITTEE