

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, consistent with 18 V.S.A. § 9375(b)(1), for
14 establishing and distributing global payments from all payers to Vermont
15 hospitals that will:

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

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

1 **(C) be based on the actual and necessary costs of providing**
2 **services, not solely on historical charges (HCA);**

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

6 (3) build on the Board’s existing work on health care data collection and
7 analysis through the Vermont Health Care Uniform Reporting and Evaluation
8 System (VHCURES) established pursuant to 18 V.S.A. § 9410 and the
9 Vermont health care expenditure analysis developed pursuant to 18 V.S.A.
10 § 9383 by performing per capita benchmarking analysis by hospital service
11 area and by cost category and providing meaningful comparisons to spending
12 levels for the same services in other U.S. states and regions (GMCB);

13 **(3) assess the impact of the Board’s current regulatory processes,**
14 **including hospital budget review and certificates of need, on the financial**
15 **sustainability of Vermont hospitals and recommend opportunities to**
16 **improve hospital financial health through the Board’s regulatory**
17 **processes; (UVMHN)**

18 **(4) recommend a methodology for determining the allowable rate of**
19 **growth in Vermont hospital budgets, including the use of national and**
20 **regional indicators of growth in the health care economy and other**
21 **appropriate benchmarks; and (UVMHN)**

1 **(5) in collaboration with the Director of Health Care Reform in the**
2 **Agency of Human Services, identify opportunities to utilize global**
3 **payments for providers of community-based services.**

4 (b) The sum of \$600,000.00 is appropriated from the General Fund to the
5 Green Mountain Care Board in fiscal year 2023 to support the Board and the
6 Director of Health Care Reform in the Agency of Human Services in the
7 design and development of a proposed agreement with the federal Centers for
8 Medicare and Medicaid Innovation to include Medicare in the hospital global
9 payments **and, to the extent practicable, community-based provider global**
10 **payments, as** described in subsection (a) of this section. **The Board shall**
11 **ensure that any services it procures with these funds are supplemental to,**
12 **and not duplicative of, analytics and other support available through the**
13 **Agency of Human Services. (GMCB)**

14 (c)(1) On or before **September November 1**, 2022, the Green Mountain
15 Care Board shall provide an update on its use of the funds appropriated in this
16 section to 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**
20 **hospitals and community-based providers** to the House Committee on

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

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

5 (a) The sum of ~~\$3,000,000.00~~ **\$2,500,000.00** is appropriated from the
6 General Fund to the Green Mountain Care Board in fiscal year 2023 to engage
7 one or more consultants **with expertise in community engagement (GMCB)**
8 **with a diverse, rural population (HCA) and in health system design**
9 **(GMCB) to assist the Board, in consultation with the Director of Health**
10 **Care Reform in the Agency of Human Services, to:**

11 (1)(A) facilitate a patient-focused, community-inclusive redesign of
12 Vermont’s health care system to reduce inefficiencies, lower costs, improve
13 population health outcomes, and increase access to essential services, including
14 both providing the analytics to support delivery system transformation and
15 leading the ~~regional stakeholder~~ **broad-based (GMCB) community**
16 engagement process; and

17 (B) provide support **and technical assistance to** hospitals and
18 communities **with change management following the redesign to facilitate**
19 **redesign and transformation initiatives; and. (GMCB)**

20 **(2) The community engagement process shall:**

1 **(A) inform communities about the current state of the health care**
2 **providers in their hospital service area and projected trends; (GMCB)**

3 **(B) engage community members in identifying the unmet health**
4 **care needs in their hospital service area and opportunities to address those**
5 **needs; (GMCB)**

6 **(C) include health care professionals at all levels of the health**
7 **care industry workforce (HCA), including those providing primary care**
8 **services; and**

9 **(D) provide opportunities for meaningful participation by**
10 **individual Vermont residents at all stages of the process, with outreach to**
11 **Vermonters who have direct experience with all aspects of Vermont’s**
12 **health care system and Vermonters who are diverse with respect to race,**
13 **income, age, and disability status. (HCA)**

14 **(b) The Green Mountain Care Board shall use a portion of the funds**
15 **appropriated in subsection (a) of this section, in collaboration with the**
16 **Blueprint for Health, to contract with a current or recently retired**
17 **primary care provider to assist the Board in assessing and strengthening**
18 **the role of primary care in Vermont’s health care system and regulatory**
19 **processes and to inform the Board’s redesign efforts from a primary care**
20 **perspective.**

1 (c)(1) On or before ~~September~~ **November** 1, 2022, the Green Mountain
2 Care Board shall provide an update on its use of the funds appropriated 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 use of the funds appropriated in this section, ~~including the~~
6 ~~status of the delivery system transformation process and the efforts to improve~~
7 ~~the State's health care data collection and analysis,~~ to the House Committee on
8 Health Care and the Senate Committees on Health and Welfare and on
9 Finance.

10 Sec. **3.** AGENCY OF HUMAN SERVICES; STATEWIDE HEALTH
11 INFORMATION TECHNOLOGY PLAN; DATA COLLECTION
12 AND ANALYSIS; REPORT **(GMCB)**

13 **(a) In connection with the comprehensive update to the statewide**
14 **Health Information Technology Plan to be provided to the Green**
15 **Mountain Care Board on or before November 1, 2022, the Department of**
16 **Vermont Health Access and the Agency of Human Services shall**
17 **recommend ways to:**

18 (1) enhance the State's data collection and analysis by connecting
19 clinical and claims data through an enterprise master patient index (EMPI) that
20 collects data while preserving and protecting the confidentiality of individually
21 identifiable patient information, including determining how best to:

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

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

12 ~~(C) detect potentially avoidable health care utilization and low-value~~
13 ~~care and identify additional opportunities to use the data for quality~~
14 ~~improvement and cost-containment initiatives.~~

15 (2) collect and analyze data regarding the social determinants of
16 health, in consultation with representatives of the federally qualified
17 health centers, as appropriate, with an ultimate goal of coordinating that
18 data with the clinical and claims data in the EMPI; and (HST)

19 (3) integrate the EMPI with unique person identifiers in other State
20 agencies and departments (GMCB).

1 **(b) The sum of \$500,000.00 is appropriated from the General Fund to**
2 **the Agency of Human Services in fiscal year 2023 to support the work of**
3 **the Agency and the Department of Vermont Health Access as set forth in**
4 **subsection (a) of this section.**

5 * * * Blueprint for Health * * *

6 Sec. 4. 18 V.S.A. § 702(d) is amended to read:

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

8 * * *

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

13 Sec. 5. BLUEPRINT FOR HEALTH; COMMUNITY HEALTH TEAMS;

14 QUALITY IMPROVEMENT FACILITATORS; **APPROPRIATION**
15 **REPORT**

16 **(a) On or before September 1, 2022, the Director of Health Care**
17 **Reform in the Agency of Human Services shall recommend to the Health**
18 **Reform Oversight Committee the amounts by which health insurers and**
19 **Vermont Medicaid should increase the amount of the per-person, per**
20 **month payments they make toward the shared costs of the operating the**
21 **Blueprint for Health community health teams and quality improvement**

1 facilitators, with a goal of increasing each plan’s or payer’s spending on
2 primary care until primary care comprises at least 12 percent of the
3 plan’s or payer’s overall annual health care spending, using the
4 calculations determined by the Green Mountain Care Board in
5 accordance with 2019 Acts and Resolves No. 17. The Agency shall also
6 provide an estimate of the State funding that would be needed to support
7 the increase for Medicaid, both with and without federal financial
8 participation.

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

15 (b) The sum of \$XXX in Global Commitment dollars is appropriated to the
16 Department of Vermont Health Access in fiscal year 2023 for the Vermont
17 Medicaid portion of the increased Blueprint payments pursuant to subsection
18 (a) of this section. If the Centers for Medicare and Medicaid Services does not
19 allow federal financial participation for the Medicaid increase, the Department
20 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. 6. 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, (VNA) extending access to long-term
13 home- and community-based services and supports to a broader cohort of
14 Vermonters who would benefit from ~~assistance with one or more activities of~~
15 daily living ~~them,~~ (JGC) 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; **and**

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

18 (b) The Department shall collaborate with others in the Agency of Human
19 Services as needed in order to incorporate the working group's
20 recommendations into the Agency's proposals to and negotiations with the
21 Centers for Medicare and Medicaid Services for the **next** iteration of

1 Vermont’s Global Commitment to Health Section 1115 demonstration **that**
2 **will take effect following the expiration of the demonstration currently**
3 **under negotiation so that the extended moderate needs supports can be**
4 **available to Vermonters beginning on January 1, 2023. (DAIL/VNA)**

5 (c) On or before January 15, 2023, the Department shall report to the
6 House Committees on Human Services, on Health Care, and on Appropriations
7 and the Senate Committees on Health and Welfare and on Appropriations
8 regarding the working group’s findings and recommendations, including **the**
9 **portions of the recommendations that were incorporated into the new Global**
10 **Committee demonstration and the amounts of any associated funding needs **an****
11 **estimate of any funding that would be needed to implement those**
12 **recommendations. (JGC)**

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

14 Sec. 7. 18 V.S.A. § 9375 is amended to read:

15 § 9375. DUTIES

16 * * *

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

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20

* * * Effective Date * * *

Sec. 8. 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”**

(Committee vote: _____)

Senator _____

FOR THE COMMITTEE