

S.120 – Lyons strike-all amendment

1 *** Study Committee on Affordable, Accessible Health Care ***

2 Sec. 1. FINDINGS

3 The General Assembly finds that:

4 (1) The COVID-19 pandemic has caused significant job losses, with women
5 especially impacted, likely causing a significant negative impact on the number of
6 Vermonters without health insurance and placing greater financial strains on those who
7 are underinsured.

8 (2) Many Vermonters who have health insurance are still exposed to high out-of-
9 pocket costs through their plans' co-payment, coinsurance, and deductible
10 requirements, in addition to ever-increasing premium rates. Currently, a family of four
11 earning more than \$105,000.00 per year who are enrolled in a silver plan through the
12 Vermont Health Benefit Exchange may pay as much as \$44,000.00 per year for health
13 care between their health insurance premiums and out-of-pocket costs. In some
14 instances, an individual or family may have health insurance but not be able to afford to
15 receive necessary health care services because of the out-of-pocket costs associated
16 with their plan. Others who lack coverage or who are underinsured and receive
17 necessary health care services find themselves saddled with substantial medical debt.

18 **(3) The ever-increasing cost of prescription drugs continues to significantly**
19 **increase the cost of health insurance and limit individuals' ability to access care.**

1 (4) Employers across the State, including local municipalities and school
2 districts, small businesses, and community organizations, face significant and persistent
3 budget pressures due to the increasing cost of health care coverage for their employees.

4 (5) Hundreds of Vermonters lack access to any health insurance coverage due to
5 their citizenship or immigration status, and many younger adults cannot afford to
6 purchase adequate health insurance coverage.

7 (6) Vermont is facing a significant shortage of health care providers, especially
8 primary care physicians and nursing professionals, in many areas of the State.

9 (7) The Biden Administration has indicated interest in using its demonstration
10 and waiver authorities to partner with states to pursue certain reforms that cannot be
11 accomplished through Congress. The Administration has signaled that it may be open
12 to working with interested states to test strategies such as an expanded public option for
13 health coverage.

14 Sec. 2. **JOINT LEGISLATIVE HEALTH CARE AFFORDABILITY** STUDY
15 COMMITTEE **ON AFFORDABLE, ACCESSIBLE HEALTH CARE**;
16 REPORT

17 (a) Creation. There is created the **Joint Legislative Health Care Affordability** Study
18 Committee **on Affordable, Accessible Health Care** to explore opportunities to make
19 health care more affordable for Vermont residents and employers.

20 (b) Membership. The Committee shall be composed of the following six members:

21 (1) three current members of the House of Representatives, not all from the same
22 political party, who shall be appointed by the Speaker of the House; and

1 (2) three current members of the Senate, not all from the same political party,
2 who shall be appointed by the Committee on Committees.

3 (c) Powers and duties. The Committee shall explore opportunities to make health
4 care, **including prescription drugs,** more affordable for Vermont residents and
5 employers, including identifying potential opportunities to leverage federal flexibility
6 and financing and to expand existing public health care programs. The Committee
7 shall consider the following:

8 (1) the long-term trends in out-of-pocket costs in Vermont in individual and
9 small group health insurance plans and in large group health insurance plans;

10 (2) **the efficacy of Vermont’s All Payer Accountable Care Organization Model**
11 **and the changes to the Model that would be necessary to make health care more**
12 **affordable for Vermonters or whether an alternative model may be more effective **how****
13 **alignment of Medicaid, Medicare, and private insurance patient care management**
14 **rules and guidelines affect access to and affordability of care, including access to**
15 **referrals for extended care, counseling, and social services;**

16 (3) the extent to which Vermont’s uninsured rate may have increased during the
17 COVID-19 pandemic and the specific causes of any such increase;

18 (4) opportunities to decrease health care disparities, especially those highlighted
19 by the COVID-19 pandemic and those attributable to a lack of access to affordable
20 health care services; and

21 (5) opportunities made available by the Biden Administration to expand access
22 to affordable health care through existing public health care programs or through the
23 creation of new or expanded public option programs, including the potential for

1 expanding Medicare to cover individuals between 50 and 64 years of age and for
2 expanding Vermont’s Dr. Dynasaur program to cover individuals up to 26 years of age
3 to align with the young adult coverage under the Affordable Care Act.

4 (d) Public engagement. In order to gain a fuller understanding of the impact of
5 health care affordability issues on Vermont residents, the Committee shall:

6 (1) Solicit input from a wide range of stakeholders, including health care
7 providers; health care administrators; Vermonters who lack health insurance or who
8 have inadequate health coverage; employers; labor unions; members of the New
9 American and Black, Indigenous, and People of Color communities; Vermonters with
10 low income; and older Vermonters.

11 (2) Beginning on or before September 15, 2021, hold not less than eight public
12 hearings, each in a different Vermont county, to gather information from stakeholders
13 and other members of the public. Public hearings may be held in person or by remote
14 means. Each public hearing shall begin with a panel discussion involving Committee
15 members and local stakeholders selected by the Committee and shall include an
16 opportunity for public testimony. A summary of the findings from these field hearings
17 shall be included as an appendix to the Committee’s report.

18 (e) Assistance. The Committee, through the Joint Fiscal Office, shall hire a
19 consultant to coordinate the Committee’s work. In addition, the Committee shall have
20 the administrative, technical, and legal assistance of the Office of Legislative
21 Operations, the Office of Legislative Counsel, and the Joint Fiscal Office.

22 (f) Report. On or before January 15, 2022, the Committee shall present to the
23 General Assembly its findings and recommendations regarding the most cost-effective

1 ways to expand access to affordable health care for Vermonters without health
2 insurance and those facing high health care costs and the various options available to
3 implement these recommendations.

4 (g) Meetings.

5 (1) The first meeting of the Committee shall occur on or before July 1, 2021.

6 (2) The Committee shall select House and Senate co-chairs from among its
7 members at its first meeting. The Co-Chairs shall alternate acting as Chair at
8 Committee meetings.

9 (3) A majority of the Committee’s membership shall constitute a quorum.

10 (4) The Committee shall cease to exist on January 15, 2022.

11 (h) Compensation and reimbursement. For attendance at meetings during
12 adjournment of the General Assembly, the members of the Committee shall be entitled
13 to per diem compensation and reimbursement of expenses pursuant to 2 V.S.A. § 23 for
14 not more than 12 meetings. These payments shall be made from monies appropriated
15 to the General Assembly.

16 (i) Appropriation. The sum of \$175,000.00 is appropriated to the Joint Fiscal Office
17 from the General Fund in fiscal year 2022 for a consultant to coordinate the activities of
18 the Committee and to cover related costs of actuarial analyses, research meetings, and
19 the per diem compensation and reimbursement of expenses for members of the
20 Committee.

1 * * * Accountable Care Organizations; Data Collection; Access to Records * * *

2 Sec. 3. 18 V.S.A. § 9574 is added to read: **(S.132, Sec. 5)**

3 § 9574. DATA COLLECTION AND ANALYSIS

4 (a) An accountable care organization shall collect and analyze clinical data
5 regarding patients' age, health condition or conditions, health care services received,
6 and clinical outcomes in order to determine the quality of the care provided to its
7 attributed patients, implement targeted quality improvement measures, and ensure
8 proper care coordination and delivery across the continuum of care.

9 (b) An accountable care organization shall provide the results of its quality analyses
10 pursuant to subsection (a) of this section to the Green Mountain Board to enable the
11 Board to determine the amounts of the ACO's value based payments to participating
12 providers in accordance with subsection 9384(a) of this title and to calculate
13 appropriate allocations of shared savings for distribution among participating providers
14 in accordance with subsection 9384(b) of this title.

15 Sec. 4. 18 V.S.A. § 9575 is added to read: **(S.132, Sec. 6)**

16 § 9575. ACCESS TO RECORDS

17 An accountable care organization certified pursuant to section 9382 of this title shall
18 make available to the Office of the Auditor of Accounts all records of the accountable
19 care organization, and any affiliated entity, that the Auditor, in his or her discretion and
20 upon his or her request, determines are needed to enable the Office of the Auditor of

1 Accounts to audit the accountable care organization’s financial statements, receipt and
2 use of federal and State monies, and performance as set forth in 32 V.S.A. § 163.

3 ***** Health Insurance Coverage for Hearing Aids *****

4 ***** State Health Improvement Plan *****

5 Sec. 5. 18 V.S.A. § 9405(a) is amended to read: **(S.132, Sec. 15)**

6 (a) The ~~Secretary of Human Services or designee~~ Commissioner of Health, in
7 consultation with the Chair of the Green Mountain Care Board and health care
8 professionals and after receipt of public comment, shall adopt a State Health
9 Improvement Plan that sets forth the health goals and values for the State. The
10 ~~Secretary~~ Commissioner may amend the Plan as the ~~Secretary~~ Commissioner deems
11 necessary and appropriate. The Plan shall include health promotion, health protection,
12 nutrition, and disease prevention priorities for the State; identify available human
13 resources as well as human resources needed for achieving the State’s health goals and
14 the planning required to meet those needs; identify gaps in ensuring equal access to
15 appropriate mental health care that meets standards of quality, access, and affordability
16 equivalent to other components of health care as part of an integrated, holistic system of
17 care; and identify geographic parts of the State needing investments of additional
18 resources in order to improve the health of the population. Copies of the Plan shall be
19 submitted to members of the Senate Committee on Health and Welfare and the House
20 Committee on Health Care.

21 Sec. 6. STATE HEALTH IMPROVEMENT PLAN; REPORT

22 On or before January 15, 2022, the Commissioner of Health shall submit copies of
23 the current State Health Improvement Plan, along with any updates to the Plan and a

1 timeline for adoption of a new State Health Improvement Plan, to the House
2 Committees on Health Care and on Human Services and the Senate Committee on
3 Health and Welfare.

4 * * * Additional Reports * * *

5 Sec. 7. GREEN MOUNTAIN CARE BOARD; HEALTH INSURANCE;

6 ADMINISTRATIVE EXPENSES; REPORT **(S.132, Sec. 16)**

7 On or before January 15, 2022, the Green Mountain Care Board shall provide to the
8 House Committee on Health Care and the Senate Committees on Health and Welfare
9 and on Finance an analysis of the increases in health insurers' administrative expenses
10 over the most recent five-year period for which information is available and a
11 comparison of those increases with increases in the Consumer Price Index.

12 Sec. 8. ACCOUNTABLE CARE ORGANIZATIONS; CARE COORDINATION;

13 REPORT **(S.132, Sec. 18)**

14 On or before January 15, 2022, each accountable care organization certified pursuant
15 to 18 V.S.A. § 9382 shall provide to the House Committee on Health Care and the
16 Senate Committee on Health and Welfare a description of the accountable care
17 organization's initiatives to connect primary care practices with social service
18 providers, including the specific individuals or position titles responsible for carrying
19 out these care coordination efforts.

20 Sec. 9. PRIMARY CARE VISITS; COST-SHARING; REPORTS **(S.132, Sec. 19)**

21 (a) On or before January 15, 2022, the Department of Vermont Health Access, in
22 consultation with the Department of Financial Regulation, health insurers, and other
23 interested stakeholders, shall provide to the House Committee on Health Care and the

1 Senate Committees on Health and Welfare and on Finance an analysis of the likely
2 impacts on qualified health plans, patients, providers, health insurance premiums, and
3 population health of requiring individual and small group health insurance plans to
4 provide each insured with at least two primary care visits per year with no cost-sharing
5 requirements.

6 (b) On or before January 15, 2022, the Green Mountain Care Board, in consultation
7 with the Departments of Financial Regulation and of Human Resources, health insurers,
8 and other interested stakeholders, shall provide to the House Committee on Health Care
9 and the Senate Committees on Health and Welfare and on Finance an analysis of the
10 likely impacts on patients, providers, health insurance premiums, and population health
11 of requiring large group health insurance plans, including the plans offered to State
12 employees and to school employees, to provide each insured with at least two primary
13 care visits per year with no cost-sharing requirements.

14 * * * Effective Date * * *

15 Sec. 10. EFFECTIVE DATE

16 This act shall take effect on passage.

17 and that after passage the title of the bill be amended to read: “An act relating to **[new**
18 **title reflecting bill contents]**”