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.

I	Seventh: By striking out Sec. 10, effective date, and its reader assistance
2	heading in their entireties and inserting in lieu thereof the following:
3	* * * Appropriations * * *
4	Sec. 10. PAYMENT AND DELIVERY SYTEM REFORM;
5	APPROPRIATIONS
6	(a) The sum of \$1,000,000.00 is appropriated from the General Fund to the
7	Green Mountain Care Board in fiscal year 2023 to begin the work described in
8	Secs. 1–3 of this act.
9	(b) The sum of \$550,000.00 is appropriated from the General Fund to the
10	Agency of Human Services in fiscal year 2023 to support the work of the
11	Director of Health Care Reform in designing and developing a proposed
12	agreement with the Centers for Medicare and Medicaid Innovation as set forth
13	in Sec. 3 of this act.
14	(c) The sum of \$3,450,000.00 is appropriated from the General Fund to the
15	Green Mountain Care Board in fiscal year 2023 to further execute the
16	initiatives set forth in Secs. 1–3 of this act; provided, however, that the Board
17	shall not expend the funds until the Health Reform Oversight Committee has
18	reviewed and approved the Board's proposed plan and timeline in accordance
19	with subdivision (3) of this subsection.
20	(1) In order to provide the greatest likelihood of achieving meaningful
21	results from the initiatives set forth in Secs. 1–3 of this act, the work of the

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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.

Green Mountain Care Board will require sequencing coordination and

1	(3) On or before October 1, 2022, the Green Mountain Care Board shall
2	provide its plan and timeline to the Health Reform Oversight Committee. If
3	the Committee is satisfied that the plan and timeline are achievable and are
4	appropriately aligned with the work of the Director of Health Care Reform, the
5	Committee shall, by majority vote of the members present, authorize the Board
6	to expend the funds appropriated by this subsection. If the Committee
7	determines that the plan and timeline are not achievable or are not
8	appropriately aligned with the work of the Director of Health Care Reform, or
9	both, the Committee shall recommend appropriate modifications and, when
10	satisfied with the plan and timeline, shall authorize the Board to expend the
11	<u>funds.</u>
12	* * * Effective Dates * * *
13	Sec. 11. EFFECTIVE DATES
14	(a) Sec. 10 (appropriations) shall take effect on July 1, 2022.
15	(b) The remainder of this act shall take effect on passage.
16	
17	
18	(Committee vote:)
19	
20	Senator
21	FOR THE COMMITTEE