

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) **and**
14 **including the meaningful participation of health care providers, payers,**
15 **and other stakeholders in all stages of the development,** for establishing and
16 distributing **value-based payments, including** global payments, from all
17 payers to Vermont hospitals that will:

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

19 (B) provide hospitals with predictable, sustainable funding that is
20 aligned across multiple payers, consistent with the principles set forth in 18

1 V.S.A. § 9371, and sufficient to enable the hospitals to deliver high-quality,
2 affordable health care services to patients; and

3 (C) ~~be based on the actual and~~ **take into consideration the** necessary
4 costs of providing services, ~~not~~ **and not be based** solely on historical charges;

5 (2) determine how best to incorporate **value-based payments,**
6 **including** hospital global payments, into the Board’s hospital budget review,
7 accountable care organization certification and budget review, and other
8 regulatory processes, **including assessing the impacts of regulatory**
9 **processes on the financial sustainability of Vermont hospitals and**
10 **identifying potential opportunities to use regulatory processes to improve**
11 **hospitals’ financial health; and**

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

16 (4) recommend a methodology for determining the allowable rate of
17 growth in Vermont hospital budgets, **including which may include** the use of
18 national and regional indicators of growth in the health care economy and
19 other appropriate benchmarks, **such as the Hospital Producer Price Index,**
20 **Medical Consumer Price Index, bond-rating metrics, and labor cost-**
21 **indicators; and**

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

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

7 (2) On or before January 15, 2023, the Green Mountain Care Board
8 shall report on its use of the funds appropriated in this section and the status of
9 its efforts to obtain Medicare participation in global payments to hospitals and
10 community based providers to the House Committee on Health Care and the
11 Senate Committees on Health and Welfare and on Finance.

12 Sec. 2. HEALTH CARE DELIVERY SYSTEM TRANSFORMATION;

13 COMMUNITY ENGAGEMENT; APPROPRIATIONS; REPORT

14 (a) The sum of \$2,500,000.00 is appropriated from the General Fund to the
15 Green Mountain Care Board in fiscal year 2023 to engage one or more
16 consultants with expertise in community engagement, preferably with
17 experience in working with a diverse, rural population, and one or more
18 consultants with expertise in health system design, to assist the Board, in
19 consultation with the Director of Health Care Reform in the Agency of Human
20 Services, to build on successful health care delivery reform efforts by:

1 (1) ~~facilitate~~ **facilitating** a patient-focused, community-inclusive
2 ~~redesign of~~ **plan for** Vermont’s health care ~~(delivery?)~~ system to reduce
3 inefficiencies, lower costs, improve population health outcomes, and increase
4 access to essential services, including both providing the analytics to support
5 delivery system transformation and leading the broad-based community
6 engagement process; and

7 (2) ~~provide~~ **providing** support and technical assistance to hospitals and
8 communities to facilitate ~~redesign~~ **planning for delivery system reform** and
9 transformation initiatives.

10 (b) The community engagement process shall:

11 (1) ~~inform~~ **include hearing from and sharing information, trends,**
12 **and insights with** communities about the current state of the health care
13 providers in their hospital service area, ~~and projected trends;~~

14 ~~(B) engage community members in identifying the~~ unmet health care
15 needs in their ~~hospital service area~~ **community**, and opportunities to address
16 those needs; **and**

17 ~~(C) include health care professionals at all levels of the health care~~
18 ~~industry workforce, including those providing primary care services; and~~

19 ~~(2)(D)~~ provide opportunities **at all stages of the process** for meaningful
20 participation by ~~individual Vermont residents at all stages of the process, with~~
21 ~~outreach to~~ **employers; consumers; health care professionals and health**

1 **care providers, including those providing primary care services;**

2 Vermonters who have direct experience with all aspects of Vermont’s health
3 care system; and Vermonters who are diverse with respect to race, income,
4 age, and disability status.

5 (c) The Green Mountain Care Board shall use a portion of the funds
6 appropriated in subsection (a) of this section, in collaboration with the
7 Blueprint for Health, to contract with a current or recently retired primary care
8 provider to assist the Board in assessing and strengthening the role of primary
9 care in Vermont’s health care system and its regulatory processes and to
10 inform the Board’s redesign efforts **in payment reform and delivery system**
11 **transformation** from a primary care perspective.

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

15 (2) On or before January 15, 2023, the Green Mountain Care Board
16 shall report on its use of the funds appropriated in this section to the House
17 Committee on Health Care and the Senate Committees on Health and Welfare
18 and on Finance.

19 Sec. 3. PROPOSED AGREEMENT TO INCLUDE MEDICARE IN
20 PAYMENT REFORM AND DELIVERY SYSTEM
21 TRANSFORMATION; APPROPRIATION **(NEW)**

1 The sum of \$600,000.00 is appropriated from the General Fund to the
2 Green Mountain Care Board in fiscal year 2023 to support the Board and the
3 Director of Health Care Reform in the Agency of Human Services in the
4 design and development of a proposed agreement with the federal Centers for
5 Medicare and Medicaid Innovation ~~to include Medicare in the hospital global~~
6 ~~payments and, to the extent practicable, community-based provider global~~
7 ~~payments, as described in subsection (a) of this section, which may include~~
8 ~~engaging consulting and analytic support in order to include Medicare in~~
9 ~~Vermont’s payment reform and delivery system transformation~~
10 ~~initiatives~~. The Board shall ensure that any services it procures with these
11 funds are supplemental to, and not duplicative of, analytics and other support
12 available through the Agency of Human Services.

13 (b) On or before January 15, 2023, the Green Mountain Care Board, in
14 collaboration with the Director of Health Care Reform, shall report on its use
15 of the funds appropriated in this section and the status of its efforts to obtain
16 Medicare participation in Vermont’s payment reform and delivery system
17 transformation initiatives to the House Committee on Health Care and the
18 Senate Committees on Health and Welfare and on Finance.

19 Sec. 3. AGENCY OF HUMAN SERVICES; STATEWIDE HEALTH
20 INFORMATION TECHNOLOGY PLAN; DATA COLLECTION
21 AND ANALYSIS; REPORT

1 ~~(a) In connection with the comprehensive update to the statewide Health~~
2 ~~Information Technology Plan to be provided to the Green Mountain Care~~
3 ~~Board on or before November 1, 2022, the Department of Vermont Health~~
4 ~~Access and the Agency of Human Services shall recommend ways to:~~
5 ~~(1) enhance the State’s data collection and analysis by connecting~~
6 ~~clinical and claims data through an enterprise master patient index (EMPI) that~~
7 ~~collects data while preserving and protecting the confidentiality of individually~~
8 ~~identifiable patient information, including determining how best to:~~
9 ~~(A) optimize coordination and alignment of the EMPI with the~~
10 ~~Vermont Health Care Uniform Reporting and Evaluation System (VHCURES)~~
11 ~~established pursuant to 18 V.S.A. § 9410 and the Vermont Health Information~~
12 ~~Exchange; and~~
13 ~~(B) use the data on patient care and outcomes to inform the work of~~
14 ~~the Blueprint for Health, in collaboration with the Director of the Blueprint for~~
15 ~~Health and the Director of Health Care Reform in the Agency of Human~~
16 ~~Services, the State Health Improvement Plan adopted by the Agency of Human~~
17 ~~Services pursuant to 18 V.S.A. § 9405(a), and the interactive price~~
18 ~~transparency dashboard developed by the Board pursuant to 18 V.S.A. § 9411;~~
19 ~~(2) collect and analyze data regarding the social determinants of health,~~
20 ~~in consultation with representatives of the federally qualified health centers, as~~

1 appropriate, with an ultimate goal of coordinating that data with the clinical
2 and claims data in the EMPI; and (HST)

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

5 **Sec. 4. HEALTH INFORMATION EXCHANGE STEERING**

6 **COMMITTEE; DATA STRATEGY**

7 **(a) The Health Information Exchange (HIE) Steering Committee shall**
8 **continue its work to create one health record for each person that**
9 **integrates data types to include health care claims data; clinical, mental**
10 **health, and substance use disorder services data; and social determinants**
11 **of health data. In furtherance of these goals, the HIE Steering Committee**
12 **shall include a data integration strategy in its 2023 HIE Strategic Plan to**
13 **merge and consolidate claims data in the Vermont Health Care Uniform**
14 **Reporting and Evaluation System (VHCURES) with the clinical data in**
15 **the HIE.**

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

1 Sec. 5. 18 V.S.A. § 9410 is amended to read: **(NEW)**

2 § 9410. HEALTH CARE DATABASE

3 (a)(1) The Board shall establish and maintain a unified health care database
4 to enable the Board to carry out its duties under this chapter, chapter 220 of
5 this title, and Title 8, including:

6 (A) determining the capacity and distribution of existing resources;

7 (B) identifying health care needs and informing health care policy;

8 (C) evaluating the effectiveness of intervention programs on
9 improving patient outcomes;

10 (D) comparing costs between various treatment settings and
11 approaches;

12 (E) providing information to consumers and purchasers of health
13 care; and

14 (F) improving the quality and affordability of patient health care and
15 health care coverage.

16 (2) [Repealed.]

17 (b) The database shall contain unique patient and provider identifiers and a
18 uniform coding system; and shall reflect all health care utilization, costs, and
19 resources in this State; and health care utilization and costs for services
20 provided to Vermont residents in another state.

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(3)(A) The Board shall collaborate with the Agency of Human Services and participants in the Agency’s initiatives in the development of a comprehensive health care information system. The collaboration is intended to address the formulation of a description of the data sets that will be included in the comprehensive health care information system, the criteria and procedures for the development of limited-use data sets, the criteria and procedures to ensure that HIPAA compliant limited-use data sets are accessible, and a proposed time frame for the creation of a comprehensive health care information system.

(B) To the extent allowed by HIPAA, the data shall be available as a resource for insurers, employers, providers, purchasers of health care, and State agencies to continuously review health care utilization, expenditures, and performance in Vermont. In presenting data for public access, comparative considerations shall be made regarding geography, demographics, general economic factors, and institutional size.

(C) Consistent with the dictates of HIPAA, and subject to such terms and conditions as the Board may prescribe by rule, the Vermont Program for Quality in Health Care shall have access to the unified health care database for use in improving the quality of health care services in Vermont. In using the database, the Vermont Program for Quality in Health Care shall agree to abide

1 by the rules and procedures established by the Board for access to the data.

2 The Board’s rules may limit access to the database to limited-use sets of data
3 as necessary to carry out the purposes of this section.

4 (D) Notwithstanding HIPAA or any other provision of law, the
5 comprehensive health care information system shall not publicly disclose any
6 data that contain direct personal identifiers. For the purposes of this section,
7 “direct personal identifiers” include information relating to an individual that
8 contains primary or obvious identifiers, such as the individual’s name, street
9 address, e-mail address, telephone number, and Social Security number.

10 * * *

11 * * * Blueprint for Health * * *

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

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

14 * * *

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

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

20 QUALITY IMPROVEMENT FACILITATORS; REPORT

1 On or before September 1, 2022, the Director of Health Care Reform in the
2 Agency of Human Services shall recommend to the Health Reform Oversight
3 Committee the amounts by which health insurers and Vermont Medicaid
4 should increase the amount of the per-person, per month payments they make
5 toward the shared costs of the operating the Blueprint for Health community
6 health teams and quality improvement facilitators, with a goal of increasing
7 each plan’s or payer’s spending on primary care until primary care comprises
8 at least 12 percent of the plan’s or payer’s overall annual health care spending,
9 using the calculations determined by the Green Mountain Care Board in
10 accordance with 2019 Acts and Resolves No. 17. **Such increases shall be**
11 **reflected in health insurers’ plan year 2024 rate filings if the increases**
12 **cannot be implemented in a rate-neutral manner (VMS).** The Agency shall
13 also provide an estimate of the State funding that would be needed to support
14 the increase for Medicaid, both with and without federal financial
15 participation.

16 * * * Options for Extending Moderate Needs Supports * * *

17 Sec. **8.** OPTIONS FOR EXTENDING MODERATE NEEDS SUPPORTS;
18 WORKING GROUP; GLOBAL COMMITMENT WAIVER;
19 REPORT

20 (a) The Department of Disabilities, Aging, and Independent Living shall
21 convene a working group comprising representatives of older Vermonters,

1 home- and community-based service providers, the Office of the Long-Term
2 Care Ombudsman, the Agency of Human Services, and other interested
3 stakeholders to consider extending access to long-term home- and community-
4 based services and supports to a broader cohort of Vermonters who would
5 benefit from them, and their family caregivers, including:

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

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

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

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

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

3 (6) how best to support family caregivers, such as through training,
4 respite, home modifications, payments for services, and other methods; and

5 (7) the feasibility of extending access to long-term home- and
6 community-based services and supports and the impact on existing services.

7 (b) The Department shall collaborate with others in the Agency of Human
8 Services as needed in order to incorporate the working group’s
9 recommendations into the Agency’s proposals to and negotiations with the
10 Centers for Medicare and Medicaid Services for the iteration of Vermont’s
11 Global Commitment to Health Section 1115 demonstration that will take effect
12 following the expiration of the demonstration currently under negotiation.

13 (c) On or before January 15, 2023, the Department shall report to the
14 House Committees on Human Services, on Health Care, and on Appropriations
15 and the Senate Committees on Health and Welfare and on Appropriations
16 regarding the working group’s findings and recommendations, including an
17 estimate of any funding that would be needed to implement those
18 recommendations.

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

20 Sec. 9. 18 V.S.A. § 9375 is amended to read:

21 § 9375. DUTIES

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

* * * Effective Date * * *

Sec. 10. 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