

## Senate proposal of amendment

### H. 206

An act relating to miscellaneous changes affecting the duties of the Department of Vermont Health Access

The Senate proposes to the House to amend the bill as follows:

First: By striking out Sec. 4, federally qualified health centers; alternative payment methodology; report, in its entirety and inserting in lieu thereof a new Sec. 4 to read as follows:

#### Sec. 4. FEDERALLY QUALIFIED HEALTH CENTERS; ALTERNATIVE PAYMENT METHODOLOGY; REPORT

The Department of Vermont Health Access shall collaborate with representatives of Vermont's federally qualified health centers (FQHCs) to develop a mutually agreeable alternative payment methodology for Medicaid payments to the FQHCs that is at least equal to the amount that would be paid under the prospective payment system established under the Benefits Improvement and Protection Act of 2000. On or before October 1, 2023, the Department shall provide a final report on the development of the methodology to the Joint Fiscal Committee, the House Committee on Health Care, and the Senate Committee on Health and Welfare.

Second: By striking out Sec. 5, effective date, in its entirety and inserting in lieu thereof five new sections to be Secs. 5–9 to read as follows:

#### Sec. 5. BLUEPRINT FOR HEALTH; PAYMENTS TO PATIENT-CENTERED MEDICAL HOMES; REPORT

On or before January 15, 2024, the Director of Health Care Reform in the Agency of Human Services shall recommend to the House Committees on Health Care and on Appropriations and the Senate Committees on Health and Welfare, on Appropriations, and on Finance the amounts by which health insurers and Vermont Medicaid should increase the amount of the per-person, per-month payments they make to Blueprint for Health patient-centered medical homes in furtherance of the goal of providing the additional resources necessary for delivery of comprehensive primary care services to Vermonters and in order to sustain access to primary care services in Vermont. The Agency shall provide an estimate of the State funding that would be needed to support the increase for Medicaid, both with and without federal financial participation. The Agency shall also evaluate and report on potential mechanisms for ensuring that all payers are contributing equitably to the Blueprint on behalf of their covered lives in Vermont, including a consideration of supporting Blueprint initiatives through the health care claims tax established in 32 V.S.A. chapter 243.

Sec. 6. REPEAL OF PROSPECTIVE REPEAL OF 18 V.S.A. § 9473(g)

2021 Acts and Resolves No. 74, Sec. E.227.2 (prospective repeal; pharmacy benefit managers; 340B entities), as amended by 2022 Acts and Resolves No. 131, Sec. 7, is repealed.

Sec. 7. 18 V.S.A. § 2251 is amended to read:

§ 2251. LIEN ESTABLISHED

(a) A Except as otherwise provided in this section, a hospital in Vermont, as defined in section 1801 of this title, furnishing medical or other service, including charges of private duty nurses, to a patient injured by reason of an accident not covered by the Workers' Compensation Act, 21 V.S.A. § 601 et seq. chapter 9, shall have may file a lien upon any recovery for damages to be received by the patient, or by his or her the patient's heirs or personal representatives in the case of his or her the patient's death, whether by judgment or by settlement or compromise after the date of the services. This lien shall not attach to one-third of the recovery or \$500.00, whichever shall be the lesser, and in addition the lien shall be subordinate to an attorney's lien.

(b)(1) Notwithstanding subsection (a) of this section, a hospital shall not have a lien under this chapter if the patient has health insurance, including coverage under Medicare, Medicaid, or a health plan issued by a health insurer, as defined in section 9402 of this title, and the patient, or the patient's heirs or personal representatives in the case of the patient's death, provides the hospital with proof of health insurance not later than 90 days after the patient's discharge from or death at the hospital.

(2) Notwithstanding subdivision (1) of this subsection, a hospital may file a lien pursuant to subsection (a) of this section for any amount owed to the hospital for the patient's deductible or coinsurance, or both, under the health insurance plan for the medical or other services furnished by the hospital by filing notice of a lien at least 120 days after the hospital billed the patient's health insurance plan for the amount owed to the hospital for services furnished to the patient.

(3) The patient's health insurance plan shall not deny payment for services furnished by the hospital to the patient on the basis that some or all of the patient's medical costs may be covered by a property and casualty insurance plan, unless such denial is required or expressly permitted by State or federal law.

(c)(1) A hospital that recovers under this chapter shall be responsible for a pro rata share of the legal and administrative expenses incurred in obtaining the judgment, settlement, or compromise.

(2) In no event shall the hospital lien exceed one-third of the net judgment, settlement, or compromise received by the injured patient.

Sec. 8. 2022 Acts and Resolves No. 167, Sec. 2a is added to read:

Sec. 2a. GREEN MOUNTAIN CARE BOARD; HOSPITAL SYSTEM  
TRANSFORMATION; PILOT PROJECTS; REPORT

(a) The Agency of Human Services shall engage in transformation planning with up to four hospitals, or other number of hospitals if possible with alternate funds, to reduce inefficiencies, lower costs, improve population health outcomes, reduce health inequities, and increase access to essential services while maintaining sufficient capacity for emergency management. The transformation planning shall be informed by the data analysis and community engagement required in Sec. 2 of this act. The Secretary of Human Services or designee and the Chair and staff of the Green Mountain Care Board shall consult with each other on the engagements in this section and the data analysis and community engagement required in Sec. 2 of this act to ensure the work is aligned.

(b) On or before February 15, 2024, the Agency of Human Services shall update the Senate Committee on Health and Welfare and the House Committee on Health Care on the progress of this work.

Sec. 9. EFFECTIVE DATES

This act shall take effect on July 1, 2023, except that Sec. 7 (hospital liens) shall take effect on January 1, 2024.