| 1 | S.84 |
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| 2 | Introduced by Senator Hardy |
| 3 | Referred to Committee on |
| 4 | Date: |
| 5 | Subject: Health; health care providers; primary care; health insurance; |
| 6 | Medicaid; Medicare; Green Mountain Care Board |
| 7 | Statement of purpose of bill as introduced: This bill proposes to require health |
| 8 | insurers, the State Employees' Health Benefit Plan, and the health plans |
| 9 | offered to school employees to increase the percentage of total health care |
| 10 | spending they allocate to primary care to at least 15 percent and would require |
| 11 | the next all-payer model agreement with the federal government to include a |
| 12 | provision requiring annual increases in primary care spending in Medicare. |
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| 13 | An act relating to strengthening primary care and primary care providers |
| 14 | It is hereby enacted by the General Assembly of the State of Vermont: |
| 15 | Sec. 1. 18 V.S.A. § 9414b is added to read: |
| 16 | § 9414b. INCREASING PRIMARY CARE SPENDING ALLOCATIONS |
| 17 | (a)(1) Each of the following entities shall increase the percentage of total |
| 18 | health care spending it allocates to primary care, using the baseline percentages |
| 19 | determined by the Green Mountain Care Board in accordance with 2019 Acts |
| 20 | and Resolves No. 17, by at least one percentage point per year until primary |

during the previous plan year.

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| 1 | care comprises at least 15 percent of the plan's or payer's overall annual health |
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| 2 | care spending: |
| 3 | (A) each health insurer with 500 or more covered lives for |
| 4 | comprehensive, major medical health insurance in this State; |
| 5 | (B) the State Employees' Health Benefit Plan; and |
| 6 | (C) health benefit plans offered pursuant to 24 V.S.A. § 4947 to |
| 7 | entities providing educational services. |
| 8 | (2) Upon achieving the 15 percent primary care spending allocation |
| 9 | required by subdivision (1) of this subsection, each plan or payer shall |
| 10 | maintain or increase the percentage of total health care spending it allocates to |
| 11 | primary care at or above 15 percent. |
| 12 | (3) A plan's or payer's increased proportional spending on primary care |
| 13 | shall not: |
| 14 | (A) result in higher health insurance premiums; |
| 15 | (B) be achieved through increased fee-for-service payments to |
| 16 | providers; or |
| 17 | (C) increase the plan's or payer's overall health care expenditures. |
| 18 | (b)(1) On or before June 1 of each year, each entity listed in subdivisions |
| 19 | (a)(1)(A)–(C) of this section shall report to the Green Mountain Care Board the |
| 20 | percentage of its total health care spending that was allocated to primary care |

| 1 | (2) On or before December 1 of each year from 2024 to 2029, the Green |
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| 2 | Mountain Care Board shall report to the House Committee on Health Care and |
| 3 | the Senate Committees on Health and Welfare and on Finance on progress |
| 4 | toward increasing the percentage of health care spending systemwide that is |
| 5 | allocated to primary care. |
| 6 | Sec. 2. ALL-PAYER MODEL; MEDICARE AGREEMENT; INCREASING |
| 7 | PRIMARY CARE SPENDING ALLOCATIONS |
| 8 | The Green Mountain Care Board and the Agency of Human Services shall |
| 9 | only enter into a new agreement with the Centers for Medicare and Medicaid |
| 10 | Services to waive provisions under Title XVIII (Medicare) of the Social |
| 11 | Security Act, or into a renewal or extension of an existing agreement, if the |
| 12 | agreement includes a provision requiring the Centers for Medicare and |
| 13 | Medicaid Services to achieve annual increases in the percentage of total |
| 14 | Medicare spending in Vermont that is allocated to spending on primary care |
| 15 | services. |
| 16 | Sec. 3. INCREASING MEDICAID PRIMARY CARE PAYMENTS |
| 17 | To the greatest extent practicable, the Agency of Human Services shall |
| 18 | update and maintain its resource-based relative value scale (RBRVS) fee-for- |
| 19 | service Medicaid fee schedule for primary care services at 100 percent of the |
| 20 | level of the Medicare physician fee schedule in effect for those services and |
| 21 | shall implement Medicare's evaluation and management coding changes in the |

- 1 Medicaid program to achieve increases in the RBRVS fee schedule for primary
- 2 <u>care clinicians and primary care codes.</u>
- 3 Sec. 4. EFFECTIVE DATE
- 4 This act shall take effect on passage.