

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred House Bill
3 No. 206 entitled “An act relating to miscellaneous changes affecting the duties
4 of the Department of Vermont Health Access” respectfully reports that it has
5 considered the same and recommends that the Senate propose to the House that
6 the bill be amended as follows:

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

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

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

1 Second: By striking out Sec. 5, effective date, in its entirety and inserting in
2 lieu thereof four new sections to be Secs. 5–8 to read as follows:

3 Sec. 5. BLUEPRINT FOR HEALTH; DEPARTMENT OF VERMONT
4 HEALTH ACCESS; UPDATE

5 On or before March 1, 2024, the Blueprint for Health, in collaboration with
6 other partners identified by the Blueprint for Health, shall present the Senate
7 Committee on Health and Welfare and the House Committee on Health Care
8 with a breakdown of Blueprint for Health per-member per-month payments to
9 patient-centered medical homes and financial contributions for community
10 health teams made by each payer for fiscal year 2023.

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

12 2021 Acts and Resolves No. 74, Sec. E.227.2 (prospective repeal; pharmacy
13 benefit managers; 340B entities), as amended by 2022 Acts and Resolves No.
14 131, Sec. 7, is repealed.

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

16 § 2251. LIEN ESTABLISHED

17 (a) ~~A~~ Except as otherwise provided in this section, a hospital in Vermont,
18 as defined in section 1801 of this title, furnishing medical or other service,
19 including charges of private duty nurses, to a patient injured by reason of an
20 accident not covered by the Workers' Compensation Act, 21 V.S.A. § ~~601 et~~
21 ~~seq.~~ chapter 9, shall have may file a lien upon any recovery for damages to be

1 received by the patient, or by ~~his or her~~ the patient's heirs or personal
2 representatives in the case of ~~his or her~~ the patient's death, whether by
3 judgment or by settlement or compromise after the date of the services. ~~This~~
4 ~~lien shall not attach to one-third of the recovery or \$500.00, whichever shall be~~
5 ~~the lesser, and in addition the lien shall be subordinate to an attorney's lien.~~

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

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

19 (3) The patient's health insurance plan shall not deny payment for
20 services furnished by the hospital to the patient on the basis that some or all of
21 the patient's medical costs may be covered by a property and casualty

1 insurance plan, unless such denial is required or expressly permitted by State
2 or federal law.

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

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

8 Sec. 8. EFFECTIVE DATES

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

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16 (Committee vote: _____)

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Senator _____

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FOR THE COMMITTEE