

## H.206: PROPOSED AMENDMENT

**To:** Senator Virginia Lyons, Chair, Senate Health and Welfare Committee; Amerin Aborjaily, Office of Legislative Counsel

**From:** Dr. John M. Saroyan, Blueprint for Health Executive Director; Pat Jones, Interim Director of Health Care Reform; Shayla Livingston, Policy Director, Agency of Human Services; Rachel Feldman, Chief of Communications and Legislative Affairs, Agency of Human Services

**Date:** April 24, 2023

Please see below for two versions of language requested by Senate Health and Welfare as amendments to the report language in [the current amendment to H.206](#), an Act relating to miscellaneous changes affecting the duties of the Department of Vermont Health Access.

The top language, aka “preferred” (more general), is the more general language that the Agency of Human Services, Blueprint for Health, and Office of Health Care Reform crafted in the way which will best facilitate the mutually desired outcomes from both the legislature and the state. The second version of the language is more detailed, should the Committee desire such nuance.

### **PROPOSED LANGUAGE**

#### **Version 1:**

*Preferred (more general):*

- (a) On or before ~~March 1, 2024, December 1, 2023,~~ the Blueprint for Health, in collaboration with other partners identified by the Blueprint for Health, Department of Vermont Health Access shall submit a report to the House and Senate Committees on Appropriations verbally update the Senate Committee on Health and Welfare, and the House Committee on Health Care on containing a breakdown of Blueprint for Health per-member per-month payments to patient-centered medical homes and financial contributions for community health teams made by each payer for fiscal year 2023.

#### **Version 2:**

*Alternative, if more detail is required:*

- (a) On or before ~~March 1, 2024, December 1, 2023,~~ the Blueprint for Health, in collaboration with other partners identified by the Blueprint for Health Department of Vermont Health Access shall submit a report to the House and Senate Committees on Appropriations verbally update the Senate Committee on Health and Welfare, and the House Committee on Health Care on containing a breakdown of Blueprint for Health per-member per-month payments to patient-centered medical homes and financial contributions for community health teams made by each payer for fiscal year 2023. The ~~report~~ update shall include monetary totals and the number of attributed patients for each payer for each of the following types of health care coverage:

- (1) fully-insured large group, individual and small group market health plans, combined;
- ~~(2) fully insured large group market health plans;~~
- (3) to the extent possible, given that data and participation is limited, employer-sponsored health plans administered by the payer as a third-party administrator;
- (4) Medicaid; and
- (5) Medicare.

- (b) To the extent that third-party administrators for employer-sponsored health plans did not provide the Department did not collect Blueprint per-member per-month payments or financial

contributions from all third-party administrators for employer-sponsored health plans for fiscal year 2023, the ~~Department Blueprint~~ shall include in its update report the information required in subsection (a) as if the ~~Department had collected those payments and contributions~~ had been provided, including information on how many attributed patients fall under employer-sponsored plans for each payer based on the limited data that is available for such plans.