

1 TO THE HONORABLE SENATE:

2 The Committee on Health and Welfare to which was referred Senate Bill  
3 No. 151 entitled “An act relating to pay parity and transparency in health care”  
4 respectfully reports that it has considered the same and recommends that the  
5 bill be amended by striking out all after the enacting clause and inserting in  
6 lieu thereof the following:

7 Sec. 1. 8 V.S.A. § 4062 is amended to read: **(was Sec. 12)**

8 § 4062. FILING AND APPROVAL OF POLICY FORMS AND PREMIUMS

9 \* \* \*

10 (b)(1) In conjunction with a rate filing required by subsection (a) of this  
11 section, an insurer shall file a plain language summary of the proposed rate.  
12 All summaries shall include a brief justification of any rate increase requested,  
13 the information that the Secretary of the U.S. Department of Health and  
14 Human Services (HHS) requires for rate increases over 10 percent, the amount  
15 of total premium revenue expended on care coordination and management, and  
16 any other information required by the Board. The plain language summary  
17 shall be in the format required by the Secretary of HHS pursuant to the Patient  
18 Protection and Affordable Care Act of 2010, Pub. L. No. 111-148, as amended  
19 by the Health Care and Education Reconciliation Act of 2010, Pub. L. No.  
20 111-152, and shall include notification of the public comment period

1 established in subsection (c) of this section. In addition, the insurer shall post  
2 the summaries on its website.

3 \* \* \*

4 Sec. 2. 8 V.S.A. § 4100g is amended to read: **(was Sec. 9)**

5 § 4100g. COLORECTAL CANCER SCREENING, COVERAGE  
6 REQUIRED

7 \* \* \*

8 (b) Insurers shall provide coverage for colorectal cancer screening at a  
9 minimum in accordance with U.S. Preventive Services Task Force guidelines,  
10 including:

11 (1) ~~Providing~~ providing an insured ~~50 years of age or older~~ with the  
12 option of:

13 (A) annual fecal occult blood testing plus one flexible sigmoidoscopy  
14 every five years; or

15 (B) one colonoscopy every 10 years;

16 (2) ~~For~~ for an insured who is at high risk for colorectal cancer,  
17 colorectal cancer screening examinations and laboratory tests as recommended  
18 by the treating physician.

19 \* \* \*

20 Sec. 3. 18 V.S.A. chapter 13, subchapter 2 is added to read: **(was Sec. 16)**

21 Subchapter 2. Payment Reform

1     § 721. INSURER PARTICIPATION IN MULTIPAYER ALTERNATIVE  
2             PAYMENT MODELS

3             It is the intent of the General Assembly first to provide commercial health  
4             insurers in the State with the opportunity to participate in Vermont’s  
5             multipayer alternative payment model or models established pursuant to the  
6             State’s agreement with the Center for Medicare and Medicaid Innovation. In  
7             the event that no insurers elect to participate in Vermont’s multipayer  
8             alternative payment model or models, the Department of Financial Regulation  
9             shall require health insurers, as defined in 18 V.S.A. § 9402, to participate in  
10            Vermont’s multipayer alternative payment model as a condition of doing  
11            business in this State.

12     Sec. 4. 18 V.S.A. chapter 21, subchapter 3 is amended to read: **(was Sec. 7)**

13             Subchapter 3. ~~Venereal Diseases~~ Sexually Transmitted Infections

14   \* \* \*

15     § 1107. CONSENT TO PREVENTIVE SERVICES **AND TREATMENT** BY  
16             MINORS

17             (a) A minor 12 years of age or older may consent to medical care by a  
18             licensed physician related to the prevention of a sexually transmitted infection.

19             (b) Consent under this section shall not be subject to disaffirmance due to  
20             minority of the individual consenting. The consent of the parent or legal

1 guardian of a minor consenting under this section shall not be necessary to  
2 authorize care as described in this subsection.

3 **(c) A minor 12 years of age or older who has or is suspected to have a**  
4 **sexually transmitted infection may consent to treatment in accordance**  
5 **with the provisions of section 4226 of this title.**

6 Sec. **5**. CONFORMING REVISION **(was Sec. 8)**

7 When preparing the Vermont Statutes Annotated for publication, the Office  
8 of Legislative Counsel shall make the following revisions throughout the  
9 statutes as needed for consistency with Sec. 4 of this act, provided the revisions  
10 have no effect on the meaning of the affected statutes: replace “venereal  
11 disease” with “sexually transmitted infection.”

12 Sec. **6**. 18 V.S.A. § 9414a is amended to read: **(was Sec. 13)**

13 § 9414a. ANNUAL REPORTING BY HEALTH INSURERS

14 \* \* \*

15 (b) Health insurers with a minimum of 2,000 Vermont lives covered at the  
16 end of the preceding year or who offer insurance through the Vermont Health  
17 Benefit Exchange pursuant to 33 V.S.A. chapter 18, subchapter 1 shall  
18 annually report the following information to the Commissioner of Financial  
19 Regulation, in plain language, as an addendum to the health insurer’s annual  
20 statement:

21 \* \* \*



1 maintain or increase the percentage of total health care spending it allocates to  
2 primary care at or above 12 percent.

3 (3) A plan’s or payer’s increased proportional spending on primary care  
4 shall not:

5 (A) result in higher health insurance premiums;

6 (B) be achieved through increased fee-for-service payments to  
7 providers; or

8 (C) increase the plan’s or payer’s overall health care expenditures.

9 (b)(1) On or before June 1 of each year, each entity listed in subdivisions  
10 (a)(1)(A)–(C) of this section shall report to the Green Mountain Care Board the  
11 percentage of its total health care spending that was allocated to primary care  
12 during the previous plan year.

13 (2) On or before December 1 of each year from 2024 to 2029, the Green  
14 Mountain Care Board shall report to the House Committee on Health Care and  
15 the Senate Committees on Health and Welfare and on Finance on progress  
16 toward increasing the percentage of health care spending systemwide that is  
17 allocated to primary care.

18 Sec. 8. 18 V.S.A. chapter 220 is amended to read: **(was Secs. 11 and 15)**

19 Chapter 220. GREEN MOUNTAIN CARE BOARD

20 \* \* \*

1 § 9372. PURPOSE

2 It is the intent of the General Assembly to create an independent board to  
3 promote the general good of the State by:

4 (1) improving the health of the population; and

5 (2) reducing the per-capita rate of growth in expenditures for health  
6 services in Vermont across all payers, while ensuring that access to care and  
7 quality of care are not compromised; through the review and approval of  
8 health insurance rates, hospital and accountable care organization (ACO)  
9 budgets and ACO certification, and data analytics.

10 ~~(3) enhancing the patient and health care professional experience of care;~~

11 ~~(4) recruiting and retaining high quality health care professionals; and~~

12 ~~(5) achieving administrative simplification in health care financing and~~  
13 ~~delivery.~~

14 \* \* \*

15 § 9374. BOARD MEMBERSHIP; AUTHORITY

16 \* \* \*

17 (b)(1) The ~~initial~~ term of each member of the Board, including the Chair,  
18 ~~shall be seven years, and the term of the Chair shall be six years thereafter.~~

19 (2) ~~The term of each member other than the Chair shall be six years,~~  
20 ~~except that of the members first appointed, one each shall serve a term of three~~  
21 ~~years, four years, five years, and six years. [Repealed.]~~





1 light of the anticipated resignation date and shall notify the Governor of the  
2 anticipated vacancy.

3 (b) Nomination list. The Committee shall submit to the Governor the  
4 names of the ~~persons~~ individuals it deems qualified to be appointed to fill the  
5 position or positions and the name of any incumbent member who was not  
6 reappointed pursuant to subsection (c) of this section and who declares notifies  
7 the Committee Chair that he or she the incumbent wishes to be a candidate to  
8 succeed himself or herself nominated. An incumbent shall not be required to  
9 submit an application for nomination and appointment to the Committee under  
10 subsection (a) of this section.

11 (c) Reappointment; notification. To be considered for reappointment to the  
12 Green Mountain Care Board, a Board member whose term is expiring shall  
13 notify the Governor, not later than 120 days prior to the member's term  
14 expiration date, that the member is seeking reappointment. If the Board  
15 member is not reappointed by the Governor on or before 30 days after  
16 notifying the Governor, the member's term shall end on the expiration date of  
17 the member's current term, unless the member is nominated as provided in  
18 subsection (b) of this section and subsequently appointed or as otherwise  
19 provided by law. A Board member's reappointment shall be subject to the  
20 consent of the Senate.



1 not unjust, unfair, inequitable, misleading, or contrary to the laws of this State.

2 Each hospital shall operate within the budget established under this section.

3 \* \* \*

4 Sec. 10. 21 V.S.A. § 640 is amended to read: **(was Sec. 5)**

5 § 640. MEDICAL BENEFITS; ASSISTIVE DEVICES; HOME AND  
6 AUTOMOBILE MODIFICATIONS

7 \* \* \*

8 (d) The liability of the employer to pay for medical, surgical, hospital, and  
9 nursing services and supplies, prescription drugs, and durable medical  
10 equipment provided to the injured employee under this section shall not exceed  
11 the maximum fee for a particular service, prescription drug, or durable medical  
12 equipment as provided by a schedule of fees and rates prepared by the  
13 Commissioner. The Commissioner shall update the schedule of fees and rates  
14 on a consistent basis and not less than biennially. The reimbursement rate for  
15 services and supplies in the fee schedule shall include consideration of medical  
16 necessity, clinical efficacy, cost-effectiveness, and safety, and those services  
17 and supplies shall be provided on a nondiscriminatory basis consistent with  
18 workers' compensation and health care law. The Commissioner shall  
19 authorize reimbursement at a rate higher than the scheduled rate if the  
20 employee demonstrates to the Commissioner's satisfaction that reasonable and  
21 necessary treatment, prescription drugs, or durable medical equipment is not

1 available at the scheduled rate. An employer shall establish direct billing and  
2 payment procedures and notification procedures as necessary for coverage of  
3 ~~medically necessary~~ medically necessary prescription medications for chronic  
4 conditions of injured employees, in accordance with rules adopted by the  
5 Commissioner.

6 \* \* \*

7 Sec. **11**. 33 V.S.A. § 1901a is amended to read: **(was Sec. 3)**

8 § 1901a. MEDICAID BUDGET

9 (a) Financial plan. The General Assembly shall approve each year a  
10 Medicaid budget. The annual Medicaid budget shall include an annual  
11 financial plan, and a five-year financial plan accounting for expenditures and  
12 revenues relating to Medicaid and any other health care assistance program  
13 administered by the Agency of Human Services.

14 (b) Quarterly information and analysis. The Secretary of Human Services  
15 or ~~his or her~~ the Secretary's designee and the Commissioner of Finance and  
16 Management shall provide quarterly to the Joint Fiscal Committee such  
17 information and analysis as the Committee reasonably determines is necessary  
18 to assist the General Assembly in the preparation of the Medicaid budget.

19 (c) Medicaid provider rates; primary care. It is the intent of the General  
20 Assembly that Vermont's health care system should reimburse all Medicaid  
21 participating providers at rates that are equal to 100 percent of the Medicare

1 rates for the services provided, with first priority for primary care providers. In  
2 support of this goal, in its annual budget proposal, the Department of Vermont  
3 Health Access shall either provide reimbursement rates for Medicaid  
4 participating providers for primary care services at rates that are equal to 100  
5 percent of the Medicare rates for the services in effect in calendar year 2022,  
6 with positive Consumer Price Index inflation adjustment rates in subsequent  
7 years, or, in accordance with 32 V.S.A. § 307(d)(6), provide information on  
8 the additional amounts that would be necessary to achieve full reimbursement  
9 parity for primary care services with the Medicare rates.

10 Sec. 12. GREEN MOUNTAIN CARE BOARD; HEALTH CARE  
11 CONTRACTS; FEE SCHEDULES; REPORT (was Sec. 1)

12 (a) The Green Mountain Care Board shall collect and review a  
13 representative sample of health care contracts and fee schedules from health  
14 insurers, including contracts and fee schedules with hospital-affiliated, non-  
15 hospital-affiliated, and independent health care providers to inform the Board's  
16 development of a methodology for increasing the transparency around health  
17 care contracts.

18 (b) On or before January 15, 2025, the Board shall provide information to  
19 the House Committee on Health Care and the Senate Committees on Health  
20 and Welfare and on Finance regarding the Board's proposed methodology for  
21 increasing the transparency around health care contracts, including the

1 standards and criteria that the Board intends to use for its reviews of health  
2 care contracts and fee schedules, and any recommendations for legislative  
3 action.

4 (c) Confidential business information and trade secrets received from an  
5 insurer pursuant to subsection (a) of this section shall be exempt from public  
6 inspection and copying under 1 V.S.A. § 317(c)(9) and shall be kept  
7 confidential, except that the Board may disclose or release information  
8 publicly in summary or aggregate form if doing so would not disclose  
9 confidential business information or trade secrets.

10 Sec. 13. EFFECTIVE DATES

11 This act shall take effect on July 1, 2024.

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17 (Committee vote: \_\_\_\_\_)

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\_\_\_\_\_

Senator \_\_\_\_\_

FOR THE COMMITTEE