

Sec. 11a. AHEAD MODEL; LEGISLATIVE INTENT (NEW)

(a) It is the intent of the General Assembly that the State of Vermont apply for and consider participating in the States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model with the Centers for Medicare and Medicaid Services, which includes hospital global budgets, increased investment in primary care, continued investment in the Support and Services at Home (SASH) program, and improvements in health equity. If the State of Vermont is selected, it is the intent of the General Assembly that the State participate in the Model beginning on January 1, 2026, provided the Model is determined to be beneficial in addressing the State's goals of improving affordability, access to care, quality of care, health equity, and hospital sustainability.

(b) It is the intent of the General Assembly that global hospital budgets include the participation of all major payers and insurers and of Vermont hospitals, and that the budgets will be sustainable for all types of hospitals in the State, with the goal of improving affordability, accessibility, and quality of care for Vermonters.

(c) It is the intent of the General Assembly that any agreement entered into between the State and the federal government for Vermont's participation in the AHEAD Model:

(1) acknowledges the decades of successful implementation of payment reform initiatives that have made Vermont one of the lowest Medicare-spending states, despite having one of the oldest populations, by investing in primary care, integration of health and human services, SASH, the rural health system, and critical hospital transformation efforts;

(2) accounts for the savings generated by these initiatives to achieve the sustainability of the rural health care system; and

(3) acknowledges the continued costs to the system due to ongoing pressures from the global COVID-19 pandemic and health care inflation, including the increased costs of staffing to meet workforce needs, by ensuring a model that creates transparent and sustainable payments to providers.

(d) It is the intent of the General Assembly that the Administration and the Green Mountain Care Board, in their negotiations and plan for the AHEAD Model with the Centers for Medicare and Medicaid Services, identify any necessary modifications to the regulatory structures in Vermont law and recommend those changes to the General Assembly in a timely manner in order to have them considered prior to the Model's implementation.

Alternate final paragraph.

It is the intent of the General Assembly that if the Administration, the Green Mountain Care Board and the federal Centers for Medicare and Medicaid Innovation come to an agreement on the AHEAD model and the state approves that agreement, the Green Mountain Care Board shall convene interested stakeholders to consider how to appropriately regulate hospital budgets in the context of the AHEAD global budgets. If the Board determines that statutory changes are needed, the GMCB shall propose these changes to the General Assembly in a timely manner for implementation.

Michael Fisher, Chief Health Care Advocate, Vermont Legal Aid