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H.320

Introduced by Representatives Labor of Morgan, Demar of Enosburgh,
Galfetti of Barre Town, Higley of Lowell, Maguire of Rutland
City, Morgan, L. of Milton, Morrissey of Bennington, Nelson of
Derby, North of Ferrisburgh, Page of Newport City, Pritchard
of Pawlet, and Tagliavia of Corinth

Referred to Committee on

Date:

Subject: Health; Green Mountain Care Board; hospitals; health insurance;
physicians

Statement of purpose of bill as introduced: This bill proposes to prohibit the
Green Mountain Care Board from implementing certain recommendations
contained in a consultant’s report on hospital transformation until at least July
1, 2026, while requiring the Board to move ahead with other
recommendations. The bill would direct the Board to collect data directly from
Vermont hospitals in order to establish goals and methodologies for hospital
system transformation that would stabilize small, rural hospitals and preserve
access to hospital services. The bill would require the Department of Vermont
Health Access and Department of Financial Regulation to explore
opportunities to expand the number of health insurers offering plans on the
Vermont Health Benefit Exchange. It would direct the Area Health Education

1 Centers program to develop a plan for placing medical students, residents, and
2 fellows in clinical rotations at critical access hospitals and to consider
3 opportunities for using State scholarship and loan repayment programs to
4 encourage careers in rural medicine. The bill would also require the Green
5 Mountain Care Board to develop recommendations for compensating hospitals
6 for caring for patients who are awaiting transfer to another facility.

7 An act relating to stabilizing Vermont's rural hospitals

8 It is hereby enacted by the General Assembly of the State of Vermont:

9 Sec. 1. GREEN MOUNTAIN CARE BOARD; HOSPITAL
10 TRANSFORMATION; MORATORIUM; REPORT

11 (a)(1) The Green Mountain Care Board shall not implement or pursue
12 implementation of any of the following recommendations from the
13 consultant's report prepared for the Board pursuant to 2022 Acts and Resolves
14 No. 167, Sec. 2, prior to July 1, 2026:

15 (A) permit no further increases in commercial subsidization for
16 hospital financial shortfalls;

17 (B) refrain from licensing any further hospital-based outpatient
18 department units;

1 (C) begin movement to reference-based pricing, ideally at 200
2 percent of Medicare or less for prospective payment system (PPS) hospitals;
3 and

4 (D) require all hospitals to use the same accounting agency and
5 method to construct hospital financials and budget submissions.

6 (2) The Green Mountain Care Board shall promptly pursue
7 implementation of the following recommendations from the same consultant's
8 report:

9 (A) simplify and shorten the certificate of need process; and

10 (B) encourage freestanding diagnostic, ambulatory surgical, and birth
11 centers.

12 (b) The members and staff of the Green Mountain Care Board shall collect
13 financial and service-level data directly from Vermont hospitals in order to
14 establish appropriate goals and methodologies for hospital system
15 transformation that will stabilize small, rural hospitals and preserve access to
16 hospital services in communities across the State. The Board shall report these
17 goals and methodologies to the General Assembly on or before March 1, 2026.

18 Sec. 2. EXPANDED OPTIONS IN HEALTH INSURANCE MARKET;

19 REPORT

20 (a) The Department of Vermont Health Access, in collaboration with the
21 Department of Financial Regulation, shall explore opportunities to expand the

1 number of health insurers that offer qualified health plans to individuals and
2 small groups on the Vermont Health Benefit Exchange beyond the two health
3 insurers currently participating.

4 (b) On or before January 15, 2026, the Department of Vermont Health
5 Access and the Department of Financial Regulation shall report to the House
6 Committee on Health Care and the Senate Committees on Health and Welfare
7 and on Finance its findings and recommendations for expanding the number of
8 health insurers offering qualified health plans in Vermont.

9 Sec. 3. AREA HEALTH EDUCATION CENTERS; MEDICAL

10 EDUCATION; RURAL HOSPITALS; REPORT

11 (a) The Area Health Education Centers program (AHEC) shall develop a
12 plan for placing medical students, residents, and fellows in clinical rotations at
13 critical access hospitals in Vermont in order to increase the supply of new
14 physicians interested in pursuing employment in rural hospital settings. AHEC
15 shall consider opportunities to use new or existing State scholarship and loan
16 repayment programs to encourage careers in rural medicine.

17 (b) On or before January 15, 2026, AHEC shall provide its plan and its
18 recommendations for using State programs to increase Vermont's rural
19 medicine workforce.

20 Sec. 4. HOSPITAL PATIENTS AWAITING TRANSFER;

21 UNCOMPENSATED CARE; REPORT

1 The Green Mountain Care Board, in collaboration with the Departments of
2 Vermont Health Access and of Financial Regulation and in consultation with
3 representatives of Vermont hospitals, health insurers, and the Office of the
4 Health Care Advocate, shall develop recommendations for compensating
5 hospitals for the costs of maintaining patients who are awaiting transfer to
6 another hospital or other health care facility when the patient must remain at
7 the sending hospital for more than 24 hours and the hospital is not otherwise
8 being reimbursed for the care. On or before December 1, 2025, the Board shall
9 provide its recommendations to the House Committee on Health Care and the
10 Senate Committees on Health and Welfare and on Finance.

11 Sec. 5. EFFECTIVE DATE

12 This act shall take effect on passage.