

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
  
14  
15  
  
16  
17  
18

H.185

Introduced by Representatives Olson of Starksboro, Carris-Duncan of  
Whitingham, Chapin of East Montpelier, Cina of Burlington,  
Cole of Hartford, Duke of Burlington, Graning of Jericho,  
Kleppner of Burlington, Logan of Burlington, Masland of  
Thetford, McGill of Bridport, Priestley of Bradford, Waszazak  
of Barre City, Wells of Brownington, and White of Bethel

Referred to Committee on

Date:

Subject: Health; Green Mountain Care Board; universal primary care

Statement of purpose of bill as introduced: This bill proposes to direct the  
Green Mountain Care Board to develop and implement a universal primary  
care program.

An act relating to developing and implementing a universal primary care  
program

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

Sec. 1. FINDINGS; LEGISLATIVE INTENT

(a) The General Assembly finds that:

1           (1) Good access to primary care is essential for the health of  
2           Vermonters, but Vermont's health care system currently does not provide  
3           access to primary care with the timeliness and scope that Vermonters need.

4           (2) Primary care clinicians face significant administrative burdens  
5           imposed by health networks and by both public and private insurance plans.  
6           Primary care clinicians are also not compensated commensurate with their  
7           value to the health care system. As a result, many primary care clinicians are  
8           leaving their Vermont practices and too few new clinicians are replacing them.

9           (3) Good access to primary care saves health care system costs by  
10          reducing the need for more costly services, but Vermont's health care system is  
11          in a state of crisis. Premiums in the commercial health insurance markets are  
12          increasingly out of reach for individual Vermonters, their families, private  
13          employers, and public employers such as schools and State and local  
14          governments. Some hospital costs in particular are grossly excessive. Cost  
15          containment efforts such as OneCare Vermont have failed to achieve their  
16          desired goals. New initiatives such as the AHEAD model are limited in scope  
17          and may take years before they achieve meaningful cost containment.  
18          Universal primary care is Vermont's best opportunity over the short term for  
19          improvement in Vermont's health care system.

20          (b) It is the intent of the General Assembly to establish a universal primary  
21          care program that will promote the public good by increasing access to primary

1 care, thereby improving the health of Vermonters and reducing health care  
2 system costs.

3 Sec. 2. 18 V.S.A. § 9375(b) is amended to read:

4 (b) The Board shall have the following duties:

5 \* \* \*

6 (16) Develop and implement a universal primary care program as set  
7 forth in section 9384 of this chapter.

8 Sec. 3. 18 V.S.A. § 9384 is added to read:

9 § 9384. UNIVERSAL PRIMARY CARE PROGRAM

10 (a) The Green Mountain Care Board, in consultation with interested  
11 stakeholders, shall develop and implement by rule a universal primary care  
12 program that will promote the public good by increasing access to primary care  
13 and reducing health system costs.

14 (b) The universal health care program shall do all of the following:

15 (1) Reduce or eliminate hospital and health network administrative  
16 burdens.

17 (2) Reduce or eliminate administrative burdens imposed by health  
18 insurers, public programs, and other payors.

19 (3) Provide universal access to primary care services for all Vermonters  
20 without the requirement of enrollment in an insured or self-insured plan or in a  
21 public program.

1           (4) Define primary care services to include primary care services,  
2           outpatient mental health services, outpatient substance use disorder treatment  
3           services, communicable disease testing, and vaccines.

4           (5) Eliminate health insurance cost-sharing for primary care services.

5           (6) Divest primary care practices from the controlling interests of  
6           hospitals and health networks.

7           (7) Be funded by an allocation of premiums, premium equivalents, and,  
8           to the extent permitted by federal law and federal initiatives such as the  
9           AHEAD model, public program funds from Medicare and Medicaid. The  
10           allocation shall be an appropriate percentage of premiums, premium  
11           equivalents, and public program funds reflecting historical trends in  
12           expenditures for primary care, with an additional increment of compensation if  
13           warranted in order to increase access to primary care and reduce overall  
14           Vermont health system costs.

15           (c) The Board may assess to Vermont hospitals and health networks its  
16           reasonable and necessary expenses in developing, implementing, and  
17           administering the universal primary care program, in proportion to the relative  
18           annual operating expenses of the hospitals and health networks; provided,  
19           however, that the Board may waive or reduce charges for one or more  
20           hospitals or health networks if necessary given the financial condition of the  
21           entity or entities.

1       (d) The Board may contract with a private entity or enter into an agreement  
2       with the Vermont Medicaid program for the operation of a virtual payment  
3       pool to collect the primary care allocation of premiums, premium equivalents,  
4       and public program funds and to transmit per capita payments or another cost-  
5       effective payment mechanism to primary care practices and practitioners.

6       (e) A primary care practice or practitioner under a universal primary care  
7       program, or Vermont Medicaid or a private entity designated by the Board to  
8       operate the virtual payment pool, may negotiate agreements with private, self-  
9       insured plans for an appropriate allocation of premium equivalents to be paid  
10       into the virtual payment pool, in amounts that do not unfairly disadvantage the  
11       beneficiaries of insured plans, self-insured plans of public employees, and  
12       public programs. In the absence of an appropriate agreement, a primary care  
13       practice or practitioner may decline to participate in the private, self-insured  
14       plan's primary care network.

15       (f) The Green Mountain Care Board shall adopt rules in accordance with  
16       3 V.S.A. chapter 25 to implement the program set forth in this section.

17       (g) It is the intent of the General Assembly to provide funding to support an  
18       increase in the number of medical school slots and residency slots for primary  
19       care practitioners at the University of Vermont College of Medicine in order to  
20       increase the supply of primary care practitioners in this State. It is the intent of  
21       the General Assembly that the funding for these slots shall be derived by

1 annual appropriation, by an annual charge imposed by the Board on hospitals  
2 and health systems, or by a combination of revenue sources. The Board shall  
3 coordinate with the Office of Primary Care and Area Health Education Centers  
4 Program (AHEC) at the University of Vermont College of Medicine to  
5 establish the appropriate conditions on the use of the medical school or  
6 residency funds in order to benefit Vermonters and Vermont's health care  
7 system.

8 Sec. 4. DEVELOPMENT AND IMPLEMENTATION REPORTS

9 On or before January 15, 2026 and January 15, 2027, the Green Mountain  
10 Care Board shall report to the General Assembly on the status of its  
11 rulemaking and on the development and implementation of the universal  
12 primary care program set forth in Sec. 3 of this act.

13 Sec. 5. EFFECTIVE DATE

14 This act shall take effect on passage, with the universal primary care  
15 program beginning operation not later than January 1, 2028.