

* * * Effective Dates * * *

Sec. 17. EFFECTIVE DATES

(a) Sec. 16 (18 V.S.A. § 9375(d); Green Mountain Care Board annual report) shall take effect on July 1, 2026.

(b) The remaining sections shall take effect on passage.

(Committee vote: 8-3-0)

Rep. Yacovone of Morristown, for the Committee on Appropriations, recommends that the report of the Committee on Health Care be amended as follows:

First: By striking out Sec. 11c, health care system transformation; incentives; telehealth, in its entirety and inserting in lieu thereof a new Sec. 11c to read as follows:

Sec. 11c. HEALTH CARE SYSTEM TRANSFORMATION; INCENTIVES;
TELEHEALTH

(a) To encourage hospitals to engage proactively, think expansively, and propose transformation initiatives that will reduce costs to Vermont's health care system without negatively affecting health care quality or jeopardizing access to necessary services, the Agency of Human Services shall award grants to the hospitals in State fiscal year 2026 that actively participate in health care transformation efforts to assist them in building partnerships, reducing hospital costs for hospital fiscal year 2026, and expanding Vermonters' access to health care services, including those delivered using telehealth. It is the intent of the General Assembly that the funds appropriated in Sec. 18(b) of this act should be awarded on a first-come, first-served basis until all of the funds have been distributed.

(b) On or before November 15, 2025, the Agency of Human Services shall report to the Health Reform Oversight Committee and the Joint Fiscal Committee regarding how much of the \$2,000,000.00 appropriated to the Agency pursuant to Sec. 18(b) of this act was obligated as of November 1, 2025 and how much had already been disbursed to hospitals as of that date.

Second: By adding striking out Sec. 17, effective dates, and its reader assistance heading in their entirety and inserting in lieu thereof the following:

* * * Positions; Appropriations * * *

Sec. 17. GREEN MOUNTAIN CARE BOARD; POSITIONS

(a) The establishment of the following three new permanent classified positions is authorized at the Green Mountain Care Board in fiscal year 2026:

- (1) one Director, Reference-Based Pricing;
- (2) one Project Manager, Reference-Based Pricing; and
- (3) one Operations, Procurement, and Contractual Oversight Manager.

(b) These positions shall be transferred and converted from existing vacant positions in the Executive Branch.

Sec. 18. APPROPRIATIONS

(a) The sum of \$2,200,000.00 is appropriated from the General Fund to the Agency of Human Services in fiscal year 2026 for use as follows:

(1) \$2,000,000.00 for feasibility analysis and transformation plan development with hospitals, designated agencies, primary care organizations, and other community-based providers;

(2) \$100,000.00 for development of quality and access measures, targets, and monitoring strategies for the Statewide Health Care Delivery Strategic Plan; and

(3) \$100,000.00 to support the development of alternative payment models.

(b) Notwithstanding any provision of 32 V.S.A. § 10301 to the contrary, the sum of \$2,000,000.00 is appropriated from the Health IT-Fund to the Agency of Human Services in fiscal year 2026 for grants to hospitals for the collaborative efforts to reduce hospital costs in accordance with Secs. 11a and 11c of this act and to expand access to health care services, such as by enhancing telehealth infrastructure development.

(c)(1) The sum of \$1,062,500.00 is appropriated to the Green Mountain Care Board in fiscal year 2026 for use as follows:

(A) \$512,500.00 for the positions authorized in Sec. 17 of this act, as set forth in subdivision (2) of this subsection (c);

(B) \$500,000.00 from the General Fund for contracts, including contracts for assistance with implementing reference-based pricing in accordance with this act; and

(C) \$50,000.00 from the General Fund for a contract with the Vermont Program for Quality in Health Care to engage in quality initiatives in accordance with this act.

(2) Of the funds appropriated in subdivision (1)(A) of this subsection:

(A) \$205,000.00 is appropriated from the General Fund; and

(B) \$307,500.00 is appropriated from the Green Mountain Care Board Regulatory and Administrative Fund.

(d) Notwithstanding any provision of 32 V.S.A. § 10301 to the contrary, the sum of \$150,000.00 is appropriated from the Health IT-Fund to the Green Mountain Care Board in fiscal year 2026 for expenses associated with increased standardization of electronic hospital budget data submissions in accordance with Sec. 4 of this act.

* * * Effective Dates * * *

Sec. 19. EFFECTIVE DATES

(a) Secs. 16 (18 V.S.A. § 9375(d); Green Mountain Care Board annual report), 17 (Green Mountain Care Board; positions), and 18 (appropriations) shall take effect on July 1, 2026.

(b) The remaining sections shall take effect on passage.

(Committee Vote: 9-1-1)

Amendment to be offered by Reps. Donahue of Northfield, Bos-Lun of Westminster, Burrows of West Windsor, Carris-Duncan of Whitingham, Cole of Hartford, Dodge of Essex, Galfetti of Barre Town, Gregoire of Fairfield, Headrick of Burlington, LaMont of Morristown, Maguire of Rutland City, McGill of Bridport, Minier of South Burlington, Noyes of Wolcott, Rachelson of Burlington, Sibilia of Dover, and Stevens of Waterbury to the report of the Committee on Health Care on S. 126

That the report of the Committee on Health Care be amended as follows:

First: In Sec. 1, purpose; goals, in subdivision (1), by striking out “and” preceding “regional access to services” and inserting thereafter “, and reducing disparities in access resulting from demographic factors or health status”

Second: In Sec. 8, 18 V.S.A. § 9403; Statewide Health Care Delivery Strategic Plan, in subdivision (b)(3), following “in Vermont”, by inserting before the comma “and for reducing disparities in access resulting from demographic factors or health status”

Third: In Sec. 8, 18 V.S.A. § 9403; Statewide Health Care Delivery Strategic Plan, in subdivision (b)(9)(B), following “access to care,” by striking out “including disparities in access resulting from geographic or demographic factors or health status,”