

1 TO THE HOUSE OF REPRESENTATIVES:

2 The Committee on Health Care to which was referred Senate Bill No. 190  
3 entitled “An act relating to the Green Mountain Care Board, reference-based  
4 pricing, and studying the creation of a Public Employee Health Benefit  
5 Authority” respectfully reports that it has considered the same and  
6 recommends that the House propose to the Senate that the bill be amended by  
7 striking out all after the enacting clause and inserting in lieu thereof the  
8 following:

9 \* \* \* Reference-Based Pricing \* \* \*

10 Sec. 1. 18 V.S.A. § 9376(e) is amended to read:

11 (e) Reference-based pricing.

12 \* \* \*

13 (3)(A) The Board shall begin implementing reference-based pricing as  
14 soon as practicable but not later than hospital fiscal year 2027 by establishing  
15 the maximum amounts that Vermont hospitals shall accept as payment in full  
16 for items provided and services delivered. After initial implementation, the  
17 Board shall review the reference-based prices for each hospital annually as part  
18 of the hospital budget review process set forth in chapter 221, subchapter 7 of  
19 this title.

20 (B) The Board, in collaboration with the Department of Financial  
21 Regulation, shall monitor the implementation of reference-based pricing to

1 ensure that any decreases in amounts paid to hospitals also result in decreases  
2 in health insurance premiums. The Board shall post its findings regarding the  
3 alignment between price decreases and premium decreases annually on its  
4 website.

5 (C)(i) For provider contracts entered into, amended, or renewed on or  
6 after October 1, 2026, each hospital and health insurer shall begin expressing  
7 as a percentage of Medicare or of another benchmark, if another benchmark is  
8 deemed appropriate by the Green Mountain Care Board, the rates for items and  
9 services identified pursuant to a collaborative process between the Board and  
10 representatives of Vermont hospitals.

11 (ii) When making public the charges for items and services  
12 pursuant to 45 C.F.R. Part 180, each hospital shall include in its machine-  
13 readable files pricing information shown as a percentage of Medicare rates, as  
14 well as in dollars and cents, disaggregated by payer and by plan.

15 (iii) For purposes of subdivisions (i) and (ii) of this subdivision  
16 (3)(C), a hospital may express rates as a percentage of Medicare based on the  
17 actual reimbursement amounts the hospital receives from Medicare for items  
18 provided and services delivered to Medicare beneficiaries until such time as  
19 the Green Mountain Care Board adopts a rule establishing the methodology for  
20 determining Medicare rates for use as a benchmark in establishing reference-  
21 based prices pursuant to this subsection (e).



1 Medicare and Medicaid Services to establish baseline payment levels, which  
2 include adjustments for geographic factors such as wages.

3 ~~(2) For items provided and services delivered at a critical access~~  
4 ~~hospital, the Medicare adjusted base rate shall be determined under the~~  
5 ~~applicable Medicare prospective payment system, using the Medicare payment~~  
6 ~~methodology that would apply if the hospital were not designated as a critical~~  
7 ~~access hospital~~

8 ~~(2) “Health benefit association” has the same meaning as in 24~~  
9 ~~V.S.A. § 4947.~~

10 ~~(3) “Hospital” means a general hospital licensed under 18 V.S.A.~~  
11 ~~chapter 43 that is not a critical access hospital.~~

12 ~~(4) “Qualified health benefit plan” has the same meaning as in 33~~  
13 ~~V.S.A. § 1802.~~

14 ~~(5) “Registered carrier” has the same meaning as in 33 V.S.A.~~  
15 ~~§ 1811.~~

16 ~~(6) “School employee” has the same meaning as in 16 V.S.A. § 2101.~~

17 ~~(b)(1)(A) The Green Mountain Care Board shall determine the amount~~  
18 ~~of hospital spending that can be reduced for hospital fiscal year 2027,~~  
19 ~~using criteria that are consistent with ongoing hospital transformation~~  
20 ~~efforts and the goals set forth in 2025 Acts and Resolves No. 68, without~~

1 **jeopardizing the sustainability of Vermont’s hospitals and without**  
2 **reducing spending across all hospitals by more than 2.5 percent.**

3 **(B) In establishing fiscal year 2027 hospital budget orders**  
4 **pursuant to 18 V.S.A. § 9456, the Board shall direct each hospital to**  
5 **implement its required spending reductions through limitations on the**  
6 **hospital’s commercial reimbursement rates for qualified health benefit**  
7 **plans and for health benefit plans offered to school employees by a health**  
8 **benefit association pursuant to 24 V.S.A. § 4947 based on a percentage of**  
9 **the Medicare adjusted base rate determined by the Board for each item**  
10 **provided and service delivered in Vermont to enrollees in these plans.**

11 **(2) For hospital fiscal years after 2027, the Board shall determine up**  
12 **to 2.5 percent in hospital spending reductions annually as set forth in**  
13 **subdivision (1)(A) of this subsection, and shall direct hospitals to**  
14 **implement those reductions through limitations on their commercial**  
15 **reimbursement rates as set forth in subdivision (1)(B) of this subsection,**  
16 **until such time as reference-based pricing is fully implemented in this**  
17 **State in accordance with 18 V.S.A. § 9376(e).**

18 **(c)(1) A registered carrier or health benefit association shall not**  
19 **reimburse or agree to reimburse a hospital more than 250 percent the**  
20 **percentage of the Medicare adjusted base rate specified by the Green**  
21 **Mountain Care Board pursuant to subsection (b) of this section for the**

1 applicable hospital fiscal year for any item provided or service delivered in  
2 Vermont to an enrollee in a qualified health benefit plan a health benefit plan  
3 offered to school employees by a health benefit association.

4 (2) In the event that a registered carrier or health benefit association  
5 reimburses a hospital for an item or service on a capitated or other non-fee-for-  
6 service basis, the carrier or association shall ensure that its reimbursement  
7 method is adjusted to account for the reimbursement limit set forth in  
8 subdivision (1) of this subsection.

9 ~~(c) The reimbursement limit set forth in subsection (b) of this section shall~~  
10 ~~remain in effect unless and until the Green Mountain Care Board establishes a~~  
11 ~~different reference based price pursuant to 18 V.S.A. § 9376(e).~~

12 (d) A hospital or hospital provider that is reimbursed in accordance with  
13 subsection (c) of this section shall not charge or collect from the patient any  
14 additional amounts other than the cost-sharing amounts authorized by the  
15 terms of the health benefit plan.

16 (e) In its their reviews of premium rates in accordance with 8 V.S.A.  
17 § 4026 and 24 V.S.A. chapter 121, subchapter 6, the Green Mountain Care  
18 Board and Department of Financial Regulation shall ensure that the  
19 limitations on reimbursements established in this section are appropriately  
20 reflected in the premium rates for qualified health benefit plans and for health  
21 benefit plans offered to school employees by a health benefit association.



1        (a) A hospital shall implement any commercial reimbursement rate  
2        reduction ordered by the Board pursuant to section 9456 of this title through  
3        the limitations on its commercial reimbursement rates for qualified health  
4        benefit plans **and health benefit plans offered to school employees by a**  
5        **health benefit association as directed by the Board** ~~in accordance with 33~~  
6        ~~V.S.A. § 1815.~~

7        (b) To the extent that a hospital is required by the Board’s budget order to  
8        reduce its commercial reimbursement rates by amounts greater than the  
9        reductions achieved pursuant to subsection (a) of this section, the hospital shall  
10       reduce its commercial reimbursement rates that exceed 500 percent of the  
11       Medicare adjusted base rate or, if the hospital does not have any commercial  
12       reimbursement rates that exceed 500 percent of the Medicare adjusted base  
13       rate, by reducing its commercial reimbursement rates that are the highest in  
14       relation to the Medicare adjusted base rate.

15       (c) Except as provided in subsections (a) and (b) of this section ~~and in 33~~  
16       ~~V.S.A. § 1815~~, a hospital may increase the commercial reimbursement rates  
17       for one or more of its service lines, such as primary care, provided that in  
18       doing so the hospital remains compliant with the total budget ordered for the  
19       hospital by the Board pursuant to section 9456 of this subchapter.

20       **\*\*\* Cost Containment in Health Benefit Plans for School Employees \*\*\***

21       Sec. 4. 16 V.S.A. § 2103 is amended to read: **(NEW)**

1 § 2103. DUTIES OF THE COMMISSION

2 \* \* \*

3 (b)(1) The Commission shall determine the amount of participating  
4 employees' calendar year out-of-pocket expenses for which the school  
5 employer and the participating employees shall be responsible, and whether  
6 school employers shall establish a health reimbursement arrangement, a health  
7 savings account, both, or neither, for their participating employees; **provided,**  
8 **however, that the actuarial value of any health benefit plan offered to**  
9 **school employees, inclusive of any out-of-pocket expenses for which the**  
10 **school employer is responsible, shall not exceed that of the qualified health**  
11 **benefit plan with the highest actuarial value offered through the Vermont**  
12 **Health Benefit Exchange in accordance with 33 V.S.A. chapter 18,**  
13 **subchapter 1.**

14 (2) ~~The Commission also shall determine the extent to which the~~  
15 ~~employer or employee~~ **Participating employees** shall bear first dollar  
16 responsibility for out-of-pocket expenses if using a health reimbursement  
17 arrangement ~~and,~~ **The Commission shall determine** whether the balance in a  
18 participating employee's health reimbursement arrangement shall roll over  
19 from year to year.

20 (3) [Repealed.]

1 (c) The Commission may make recommendations regarding health benefit  
2 plan design to any intermunicipal insurance association that offers health  
3 benefit plans to entities providing educational services pursuant to 24 V.S.A.  
4 chapter 121, subchapter 6 **and shall coordinate with the association or**  
5 **associations to ensure that the actuarial value of the plans complies with**  
6 **the requirements set forth in subdivision (b)(1) of this section.**

7 \* \* \*

8 Sec. 4a. 24 V.S.A. § 4947 is amended to read: **(NEW)**

9 § 4947. HEALTH BENEFIT PLANS OFFERED TO ENTITIES

10 PROVIDING EDUCATIONAL SERVICES

11 \* \* \*

12 (c) A health benefit association shall solicit the input of the Commission on  
13 Public School Employee Health Benefits established in 16 V.S.A. § 2102  
14 regarding the design of the health benefit plan or plans to be offered to school  
15 employers for coverage of their school employees **and shall coordinate with**  
16 **the Commission to ensure that, as specified in 16 V.S.A. § 2103(b), the**  
17 **actuarial value of the plan or plans, inclusive of any out-of-pocket**  
18 **expenses for which the school employer is responsible, do not exceed that**  
19 **of the qualified health benefit plan with the highest actuarial value offered**  
20 **through the Vermont Health Benefit Exchange in accordance with 33**  
21 **V.S.A. chapter 18, subchapter 1.**

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~~Sec. 4. IMPLEMENTATION OF REFERENCE-BASED PRICING FOR  
CERTAIN PUBLIC EMPLOYEE HEALTH PLANS; REPORT~~

~~(a) The Green Mountain Care Board, in consultation with the Departments of Financial Regulation and of Human Resources and the Vermont Education Health Initiative (VEHI), shall analyze commercial health insurance claims for inpatient and outpatient hospital items provided and services delivered to active and retired members and their dependents enrolled in the State Employees' Health Benefit Plan and in the health benefit plans offered to teachers and other school employees through VEHI to determine the opportunities available through the use of reference-based pricing and the projected impact on Vermont's hospitals. VEHI, the Department of Human Resources, and the administrator of the State Employees' Health Benefit Plan shall provide the Board with access to the claims data necessary to perform the analysis.~~

~~(b) On or before January 15, 2027, the Green Mountain Care Board shall provide to the House Committees on Health Care and on Ways and Means and the Senate Committees on Health and Welfare and on Finance the Board's findings and any recommendations with respect to scope, timing, financial impacts, and other considerations in implementing reference-based pricing for~~

1 items provided and services delivered to enrollees in the State Employees'  
2 Health Benefit Plan and in the health benefit plans offered by VEHI.

3 \* \* \* Hospital Outsourcing \* \* \*

4 Sec. 5. HOSPITAL OUTSOURCING; HOSPITAL BUDGETS;  
5 PROVIDER TAXES; REPORT

6 (a) For fiscal year 2027 hospital budgets, the Green Mountain Care Board  
7 shall direct hospitals to provide such information as the Board may require  
8 regarding the clinical services that the hospital outsources to external entities.

9 (b) On or before January 15, 2027, the Green Mountain Care Board, after  
10 consulting with hospitals and their contracted independent providers and  
11 assessing the impact of outsourcing on access to and the quality and  
12 availability of care, shall provide findings and recommendations regarding  
13 hospital outsourcing to the House Committees on Health Care and on Ways  
14 and Means and the Senate Committees on Health and Welfare and on Finance.  
15 In addition, the Board, in collaboration with the Agency of Human Services,  
16 shall report on the extent to which hospital outsourcing affects provider tax  
17 revenue and recommend any necessary modifications to 33 V.S.A. chapter 19,  
18 subchapter 2 to appropriately reflect expenditures for patient care at Vermont  
19 hospitals.



1 Commissioner of Labor to reject the recommendation or decision of the  
2 arbiter.

3 (d) Notwithstanding any provisions of this section to the contrary, the  
4 Green Mountain Care Board shall not be required to negotiate with a provider  
5 bargaining group or engage in a nonbinding arbitration process in connection  
6 with the Board’s establishment of reference-based prices in accordance with  
7 subdivision 9375(b)(1)(A), subdivision 9375(b)(5), or section 9376 of this title.

8 \* \* \* Appeals of Green Mountain Care Board Orders \* \* \*

9 Sec. 7. 18 V.S.A. § 9381 is amended to read:

10 § 9381. APPEALS

11 (a) The Green Mountain Care Board shall adopt procedures ~~for~~  
12 ~~administrative appeals of its actions, orders, or other determinations. Such~~  
13 ~~procedures shall~~ that provide for the issuance of a final order and for the  
14 creation of a record sufficient to serve as the basis for judicial review of the  
15 Board’s final actions, orders, and other determinations pursuant to subsection

16 (b) of this section.

17 (b) Any person aggrieved by a final action, order, or other determination of  
18 the Green Mountain Care Board may, ~~upon exhaustion of all administrative~~  
19 ~~appeals available pursuant to subsection (a) of this section,~~ appeal to the  
20 Supreme Court pursuant to the Vermont Rules of Appellate Procedure.

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\* \* \* Data Infrastructure \* \* \*

Sec. 8. 18 V.S.A. § 9411 is amended to read:

§ 9411. INTERACTIVE PRICE TRANSPARENCY DASHBOARD AND  
HEALTH SYSTEM PERFORMANCE TOOL

(a)(1) The Green Mountain Care Board shall develop and maintain a public, interactive, ~~Internet-based~~ internet-based price transparency dashboard that allows consumers to compare health care prices for certain health care services across the State. Using data from the Vermont Healthcare Claims Uniform Reporting and Evaluation System (VHCURES) established pursuant to section 9410 of this title, the dashboard shall provide the range of actual allowed amounts for selected health care services, showing both the amount paid by the health insurer or other payer and the amount of the member’s responsibility, and shall allow the consumer to sort the information by geographic location, by health care provider, by payer type, and by the specific health care procedure or health care service. The Board shall provide a link on the dashboard to the statewide comparative hospital quality report published by the Commissioner of Health pursuant to section 9405b of this title.

~~(b)~~(2) The Board shall update the information in the interactive price transparency dashboard at least annually.

1        (b)(1) The Board shall develop and maintain a public, interactive tool that  
2        displays information on health system performance, including information  
3        regarding quality, access, and affordability.

4        (2) The Board shall update the information in the health system  
5        performance tool on a regular basis, to the extent operationally feasible.

6        Sec. 9. IMPLEMENTATION OF HEALTH SYSTEM PERFORMANCE  
7        TOOL

8        The Green Mountain Care Board shall develop the health system  
9        performance tool described in 18 V.S.A. § 9411(b), as added by Sec. 8 of this  
10       act, only if the Board receives sufficient funding from the federal government  
11       or another source for this purpose.

12       ~~\*\*\* Public Employee Health Benefit Authority Study Committee \*\*\*~~

13       ~~Sec. 10. PUBLIC EMPLOYEE HEALTH BENEFIT AUTHORITY~~

14       ~~STUDY COMMITTEE; STATE TREASURER; REPORT~~

15       ~~(a) Creation. There is created the Public Employee Health Benefit~~  
16       ~~Authority Study Committee to evaluate opportunities to establish a State~~  
17       ~~authority to develop and administer comprehensive and affordable health~~  
18       ~~benefits for all public sector employees in Vermont.~~

19       ~~(b) Membership. The Study Committee shall be composed of the~~  
20       ~~following members, who shall each be appointed by the entities they represent:~~

1 ~~(1) the State Treasurer or designee;~~

2 ~~(2) one member representing the Vermont State Employees'~~

3 ~~Association;~~

4 ~~(3) one member representing the Vermont National Education~~

5 ~~Association;~~

6 ~~(4) one member representing the American Federation of Teachers;~~

7 ~~(5) one member representing the United Electrical Workers;~~

8 ~~(6) one member representing the American Federation of State, County~~

9 ~~and Municipal Employees;~~

10 ~~(7) one member representing the Vermont School Boards Association;~~

11 ~~(8) one member representing the Vermont League of Cities and Towns;~~

12 ~~(9) one member representing the Vermont State College system;~~

13 ~~(10) one member representing the University of Vermont; and~~

14 ~~(11) one member representing the Department of Human Resources;~~

15 ~~(c) Powers and duties; report.~~

16 ~~(1) The Study Committee shall consider the topics set forth in this~~

17 ~~subsection and produce a report regarding the potential for establishing the~~

18 ~~Public Employee Health Benefit Authority to provide and administer health~~

19 ~~plans that would meet the health care and wellness needs of Vermont's~~

20 ~~municipal, State, public school, and public college and university employees~~

21 ~~and their dependents, including addressing all the following;~~

1 ~~(A) the manner in which health benefits are provided to public~~  
2 ~~employees in other states, including Oregon and Washington;~~

3 ~~(B) the similarities and differences in the level and scope of coverage~~  
4 ~~provided by current health plans offered to public employees;~~

5 ~~(C) the similarities and differences in the current service or~~  
6 ~~contractual agreements negotiated by public sector parties with commercial~~  
7 ~~health insurers, third party administrators, and independent clinical and~~  
8 ~~analytical vendors;~~

9 ~~(D) uniform design, coordination, and administration of medical and~~  
10 ~~pharmaceutical health plans, care networks, wellness initiatives, and medical~~  
11 ~~privacy protections;~~

12 ~~(E) uniform standards and protocols for contract review and~~  
13 ~~negotiations with hospital facilities, nonhospital health care providers,~~  
14 ~~commercial health insurers, third party administrators, independent clinical~~  
15 ~~and analytical vendors, and pharmacy benefit managers;~~

16 ~~(F) streamlined, auditable processes to confirm the integrity and~~  
17 ~~accuracy of billing from and reimbursements to hospitals, nonhospital health~~  
18 ~~care providers, and vendors;~~

19 ~~(G) opportunities to secure substantial and sustainable cost reductions~~  
20 ~~for employees, employers, and taxpayers;~~

1 ~~(H) monitoring and management of fiduciary risk;~~

2 ~~(I) Public Employee Health Benefit Authority governance structures;~~

3 ~~deliberative processes, and equality of decision making by employer and~~

4 ~~organized labor representatives; staff positions; member and patient advocacy;~~

5 ~~and problem resolution on behalf of employees and employers;~~

6 ~~(J) uniform standards and systems for collecting, analyzing, and~~

7 ~~securely transmitting data on clinical, utilization, quality of care, and other~~

8 ~~essential metrics to support health benefit plan management and vendor needs;~~

9 ~~(K) opportunities to expand participant access to primary care,~~

10 ~~mental health, and community based health care services; redirect care from~~

11 ~~hospitals and their emergency departments to less costly settings; and improve~~

12 ~~chronic disease management and medication therapy adherence; and~~

13 ~~(L) alignment of Public Employee Health Benefit Authority~~

14 ~~operations and health benefit plans with the transition to reference based~~

15 ~~pricing, global hospital budgets, and regional care transformations directed by~~

16 ~~acts of the General Assembly, including 2024 Acts and Resolves No. 134 and~~

17 ~~2025 Acts and Resolves Nos. 55 and 68.~~

18 ~~(2) The Study Committee shall provide recommendations regarding:~~

19 ~~(A) a detailed blueprint, with timelines, to design, build, and launch~~

20 ~~the Public Employee Health Benefit Authority;~~

1 ~~(B) the need, if any, for independent consultants or advisory~~  
2 ~~personnel for establishing the Public Employee Health Benefit Authority and,~~  
3 ~~going forward, to support its mission, on a regular or intermittent basis; and~~

4 ~~(C) the projected costs of creating and annually funding the Public~~  
5 ~~Employee Health Benefit Authority.~~

6 ~~(3) On or before February 15, 2027, the Study Committee shall submit a~~  
7 ~~report detailing the information set forth in subdivisions (1) and (2) of this~~  
8 ~~subsection to the General Assembly and the Governor.~~

9 ~~(d) Assistance. The Study Committee shall have the administrative,~~  
10 ~~technical, and legal assistance of the Office of the State Treasurer and may~~  
11 ~~engage the services of one or more consultants or firms to assist with~~  
12 ~~facilitating meetings and public hearings and preparing its report, to the extent~~  
13 ~~funds are made available for this purpose.~~

14 ~~(e) Meetings.~~

15 ~~(1) The State Treasurer or designee shall call the first meeting of the~~  
16 ~~Study Committee to occur on or before August 15, 2026.~~

17 ~~(2) The State Treasurer or designee shall be the chair.~~

18 ~~(3) A majority of the membership shall constitute a quorum.~~

19 ~~(4) The Study Committee shall cease to exist on March 1, 2027.~~

20 ~~(f) Public hearings. The Study Committee shall schedule public hearings,~~  
21 ~~both remote and in person, to allow public sector employers and employees the~~

1 ~~opportunity to share their health care needs and concerns with the Study~~  
2 ~~Committee before the issuance of the Study Committee's report.~~

3 ~~(g) Access to information. Commercial health insurers, third party~~  
4 ~~administrators, the Vermont Education Health Initiative (VEHI), and clinical~~  
5 ~~and analytical vendors that serve the public sector shall provide full and timely~~  
6 ~~access to the Study Committee, with appropriate nondisclosure agreements in~~  
7 ~~place as needed, to:~~

8 ~~(1) their service contracts or agreements with relevant public sector~~  
9 ~~entities; and~~

10 ~~(2) any data, including claims, actuarial, financial, and other data, that~~  
11 ~~the Study Committee requests.~~

12 ~~(h) Compensation and reimbursement. Members of the Study Committee~~  
13 ~~shall not receive per diem compensation and reimbursement of expenses for~~  
14 ~~their participation on the Study Committee.~~

15 \* \* \* Critical Access Hospitals; Medicare Outpatient Cost Sharing \* \* \*

16 Sec. 11. CRITICAL ACCESS HOSPITALS; MEDICARE OUTPATIENT  
17 **COST SHARING; WORKING GROUP; REPORT**

18 **(a) The General Assembly and the Green Mountain Care Board have**  
19 **recently become aware of a federal requirement that Medicare**  
20 **beneficiaries must bear financial responsibility for 20 percent of the**  
21 **amount charged for outpatient services delivered by critical access**

1 hospitals, not 20 percent of the amount that Medicare pays for the service.  
2 While the General Assembly understands that it cannot invalidate this  
3 federal requirement, it also recognizes both that this requirement has a  
4 significant, unfair, and negative financial impact on Medicare  
5 beneficiaries in the State’s most rural communities and that Vermont’s  
6 critical access hospitals are some of the State’s most financially vulnerable  
7 health care facilities. It is the intent of this section to begin to provide  
8 some relief for Vermont’s seniors and other Medicare beneficiaries from  
9 the consequences of the federal requirement promptly while a working  
10 group of interested stakeholders endeavors to develop appropriate and  
11 enduring solutions that do not undermine the financial sustainability of  
12 our critical access hospitals.

13 (b)(1) On or before September 1, 2026, each critical access hospital  
14 shall identify all the outpatient services for which the amount that the  
15 hospital charges equals five or more times the Medicare allowed amount  
16 for that service.

17 (2) For each outpatient service identified pursuant to subdivision (1)  
18 of this subsection, the hospital shall reduce its charge for that service in  
19 hospital fiscal year 2027 to be less than or equal to five times the Medicare  
20 allowed amount.

1 **(c) To the extent that the Green Mountain Care Board engages in**  
2 **efforts to address the Medicare outpatient cost-sharing issue in hospital**  
3 **fiscal year 2027, the Board shall consider any proposals from the critical**  
4 **access hospitals and other interested stakeholders and shall ensure that its**  
5 **actions are consistent with ongoing hospital transformation efforts and the**  
6 **principles for health care reform expressed in 18 V.S.A. § 9371.**

7 **Sec. 11. CRITICAL ACCESS HOSPITALS; MEDICARE OUTPATIENT**  
8 **COST SHARING; WORKING GROUP; REPORT**

9 **(a)(1) The Green Mountain Care Board shall convene a working group**  
10 **comprising representatives of the Board, of the Departments of Vermont**  
11 **Health Access and of Financial Regulation, of critical access hospitals, of**  
12 **health insurers offering Medicare supplement insurance policies, and of the**  
13 **Office of the Health Care Advocate to develop recommendations for ways to**  
14 **mitigate the effects of a federal requirement that Medicare beneficiaries bear**  
15 **financial responsibility for 20 percent of the amount charged for outpatient**  
16 **services delivered by critical access hospitals.**

17 **(2) On or before January 15, 2027, the Green Mountain Care Board**  
18 **shall provide the working group's recommendations, including the projected**  
19 **impact of each recommendation on patients, critical access hospitals, and**  
20 **premiums for Medicare supplement insurance policies, and the State budget, to**

1 ~~the House Committees on Health Care and on Appropriations and the Senate~~  
2 ~~Committees on Health and Welfare, on Finance, and on Appropriations.~~

3 ~~(b) The Green Mountain Care Board shall not address or attempt to address~~  
4 ~~the effects of the federal Medicare cost sharing requirements for outpatient~~  
5 ~~services delivered by critical access hospitals through the Board’s hospital~~  
6 ~~budget review authority under 18 V.S.A. chapter 221, subchapter 7 in the fiscal~~  
7 ~~year 2027 hospital budgets.~~

8 \* \* \* Effective Date \* \* \*

9 Sec. 12. EFFECTIVE DATE

10 This act shall take effect on passage, with the changes to health benefit  
11 plans for school employees pursuant to Secs. 4 (16 V.S.A. § 2103) and 4a  
12 (24 V.S.A. § 4947) applicable for plan year 2029 and thereafter.

13 and that after passage the title of the bill be amended to read: “An act relating  
14 to ”

15

16

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

18

\_\_\_\_\_

19

Representative \_\_\_\_\_

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FOR THE COMMITTEE