

S.197, An act relating to establishing a primary care payment reform program

Section-by-section summary as passed by Senate

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Sec. 1. Legislative intent

- This section expresses legislative intent to invest in primary care through streamlined payments that build on the Blueprint for Health and increase access to primary care.

Sec. 2. 18 V.S.A. chapter 13, chapter 1 – Blueprint for Health

- This section amends the subchapter on the Blueprint for Health to require health insurers to submit information to the Agency of Human Services (AHS) at least quarterly to allow for an analysis of the total cost of care in Vermont and implementation of payment models addressing health care capacity, volume, quality, and clinical outcomes.
- It requires per-member, per-month (PMPM) payments to all primary care practices, not just medical homes, and requires health insurers to pay amounts at least equal to Medicaid's starting in 2027.
- It also requires AHS to establish PMPM primary care spending targets, with a transitional schedule to increase the targets over time, and directs the increased spending to the PMPM Blueprint payments.

Sec. 3. Blueprint payments to practices; primary care; report

- This section requires the Blueprint Director to report to the General Assembly by January 1, 2027, on changes to payment amounts or methodologies needed to transition the Blueprint's PMPM payments to primary care practices to include payment for the routine primary care needs of attributed patients on participating health plans.

Sec. 4. Primary care spending; Agency of Human Services; report

- This section requires AHS to report to the General Assembly by January 1, 2027, the baseline PMPM spending on primary care services for Vermont residents overall and by payer.

Sec. 5. Primary care spending targets; report

- This section requires AHS to report to the General Assembly by January 1, 2028, the PMPM primary care spending targets developed pursuant to Sec. 2, a proposed schedule for increasing the target over time, recommendations for payer-specific modifications to the targets, and any legislation needed to implement and enforce the targets.

Sec. 6. Vermont clinician landscape; site-neutral reimbursements; reports

- This section requires the Green Mountain Care Board (GMCB) to report to the General Assembly by January 1, 2027, with updated versions of the GMCB's 2017 Vermont Clinician Landscape Study report and its previous reporting on site-neutral reimbursements.

Sec. 7. Transitioning care to community settings; report

- This section requires AHS to report to the General Assembly by January 15, 2027, with recommendations on ways to accelerate the appropriate transition of patients from hospital

care to care delivered in a community setting and directs AHS to incorporate the recommendations into the Health Care Delivery Strategic Plan as appropriate.

Sec. 8. Regional universal primary care program; report

- This section requires the Office of the State Treasurer to explore with other northeastern states the potential to establish a regional universal primary care program and report to the General Assembly by January 15, 2027.

Sec. 9. Removal of sunset on Medical Student Incentive Scholarship

- This section would remove the 2027 sunset on an existing scholarship program for medical students planning a career in primary care. No additional funds are appropriated in the bill; 18 V.S.A. § 33(f) allows funds to be carried forward and monies remain from previous appropriations.

Sec. 10. 8 V.S.A. § 4092, prescription drug coverage

- This section requires a health insurer to give at least 60 days' notice to all covered individuals who filled a prescription for a particular drug within the previous year if the insurer plans to eliminate insurance coverage for that drug.

Sec. 11. Effective date

- The act takes effect on passage.