

1 S.190

2 Senator Lyons moves that the report of the Committee on Health and  
3 Welfare, as amended by the Committee on Appropriations, be further amended  
4 as follows:

5 First: In Sec. 2, 33 V.S.A. § 1815, by striking out subsection (c) in its  
6 entirety and inserting in lieu thereof a new subsection (c) to read as follows:

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

10 Second: In Sec. 3, 18 V.S.A. chapter 221, subchapter 7, in section 9459, by  
11 striking out subsection (c) in its entirety and inserting in lieu thereof a new  
12 subsection (c) to read as follows:

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

18 Third: By adding a new reader assistance heading and a new section to be  
19 Sec. 11 to read as follows:

20 \* \* \* Critical Access Hospitals; Medicare Outpatient Cost Sharing \* \* \*  
21 Sec. 11. CRITICAL ACCESS HOSPITALS; MEDICARE OUTPATIENT

1 COST SHARING; WORKING GROUP; REPORT

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

10 (2) On or before January 15, 2027, the Green Mountain Care Board  
11 shall provide the working group’s recommendations, including the projected  
12 impact of each recommendation on patients, critical access hospitals, and  
13 premiums for Medicare supplement insurance policies, and the State budget, to  
14 the House Committees on Health Care and on Appropriations and the Senate  
15 Committees on Health and Welfare, on Finance, and on Appropriations.

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

21 and by renumbering the existing Sec. 11, effective date, to be Sec. 12