

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: By striking out Sec. 2, 33 V.S.A. § 1815, in its entirety and inserting
6 in lieu thereof a new Sec. 2 to read as follows:

7 Sec. 2. 33 V.S.A. § 1815 is added to read:

8 § 1815. LIMITATIONS ON HOSPITAL REIMBURSEMENTS

9 (a) As used in this section, “actual hospital-specific Medicare
10 reimbursement rate” means the actual reimbursement amount that a hospital
11 receives from Medicare for items provided and services delivered to Medicare
12 beneficiaries.

13 (b)(1) A registered carrier shall not reimburse or agree to reimburse a
14 hospital more than 225 percent of the hospital’s actual hospital-specific
15 Medicare reimbursement rate for any item provided or service delivered in
16 Vermont to an enrollee in a qualified health benefit plan issued pursuant to this
17 subchapter.

18 (2) In the event that a registered carrier reimburses a hospital for an item
19 or service on a capitated or other non-fee-for-service basis, the carrier shall
20 ensure that its reimbursement method is adjusted to account for the
21 reimbursement limit set forth in subdivision (1) of this subsection.

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

4 (d) A hospital or hospital provider that is reimbursed in accordance with
5 subsection (b) of this section shall not charge or collect from the patient any
6 additional amounts other than the cost-sharing amounts authorized by the
7 terms of the health benefit plan.

8 (e) In its reviews of premium rates in accordance with 8 V.S.A. § 4026, the
9 Green Mountain Care Board shall ensure that the limitations on
10 reimbursements established in this section are appropriately reflected in the
11 premium rates for qualified health benefit plans.

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

15 (c) If a hospital demonstrates to the Board that the limitations on the
16 hospital's reimbursement rates for qualified health plans set forth in 33 V.S.A.
17 § 1815 or pursuant to this section are having a negative impact on access to
18 care, the quality of care, or the sustainability of rural health care services, or a
19 combination of these, the hospital may propose to increase the commercial
20 reimbursement rates for one or more of its service lines, such as primary care,
21 and the Board shall consider both the demonstrated impact and the proposed

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