

\*\*\*Vermont Universal Primary Care Program\*\*\*

INTENT

In furtherance of the principles set forth in 18VSA §9371 and of the policy set forth in 18VSA §9401(b)(5), it is the intent of the General Assembly to study the cost, financing, and operation of a publicly financed Vermont Universal Primary Care Program, which would have no out-of-pocket cost sharing by patients.

DEFINITIONS

“Universal” means covering all Vermont residents without reference to age, income, financial assets, health or employment status, or other demographic factors.

“Primary care” means the services identified by the Green Mountain Care Board in its All Payer Model Total Cost of Care Reporting, plus outpatient substance use disorder services.

“Out-of-pocket cost sharing” means insurance deductibles, insurance co-pays, co-insurance, or any other charges to patients made by an insurance program or a provider as a result of a patient accessing primary care services.

REPORT

On or before January 15, 2027, the Green Mountain Care Board, in consultation with the Joint Fiscal Office and the Department of Vermont Health Access, shall provide to the General Assembly:

An estimate of the cost of providing primary care to all Vermont residents, without out-of-pocket cost sharing, beginning January 1, 2028.

A list of possible revenue sources or combinations thereof to cover the cost of providing primary care to all Vermont residents, with estimated tax rates if applicable. Possible revenue sources to list may include, but shall not be limited to: a payroll tax, a self-employment tax, an income tax surcharge, wealth taxes, a public premium, federal funds, and private donations. In proposing financing options, the Green Mountain Care Board and the Joint Fiscal Office shall be guided by consideration of Vermonters' ability to pay, and by the aim of making publicly financed primary care more affordable to the majority of Vermont residents who currently pay health insurance premiums and out-of-pockets for primary care.

A proposed operational plan for the Vermont Universal Primary Care Program, including: recommendations on obtaining waivers from the federal government to allow use of federal funds for the program, administrative needs of the State of Vermont in order to implement the program, and an assessment of cross-border issues that could affect the financing and delivery of universal primary care services under the program.

In preparation of the report, the Green Mountain Care Board may review, update, and use relevant information contained in the report to the General Assembly conducted by the Agency of Administration dated December 16, 2015 pursuant to Act 54 of 2015.