



Legislative Report for Week Ending April 14, 2017

Discussion on Medicaid-ACO Pilot Reporting Requirements Bill Continues

Senate Health and Welfare continued their discussion of [H.507](#), a bill relating to Next Generation Medicaid ACO pilot project reporting requirements. As written, the bill would require the Department of Vermont Health Access (DVHA) to provide periodic reports on the implementation of the Next Generation Medicaid Accountable Care Organization (ACO) pilot with OneCare Vermont, the state's largest ACO. Additionally, the bill would require the Green Mountain Care Board (GMCB) to provide a written update on its progress towards meeting the benchmarks identified in the first year of the All-Payer ACO Model Timeline and its preparations for regulating ACOs.

After hearing previous testimony from MVP Health Care and BlueCross BlueShield of Vermont (BCBSVT) in favor of adding language from [S.19](#) to the underlying bill, the Committee requested that Jennifer Carbee, Legislative Counsel, craft a new draft of the bill inclusive of the proposed change. Committee members responded favorably to the addition and concluded that this version would be voted out of Committee next week upon final review.

The latest draft serves BCBSVT well as it includes the requested provision to [S.19](#) allowing for alternative Bronze Exchange plans approved for the 2018 plan year to extend to 2019. After significant discussion, the bill passed out of Committee on a 5-0-0 vote. However, just prior to being sent to the floor on Friday, Sen. Michael Sirotkin brought forth an amendment to eliminate the alternative Bronze plan offering in 2019. After last minute discussion and additional testimony by both Senator Sirotkin and Samantha Nelson, Legislative Liaison for BCBSVT, the bill was passed over on the floor to provide additional time for interested parties to reach a compromise. The bill will be up for discussion on the Senate floor on Tuesday.

Senate Health & Welfare Continues Universal Primary Care Discussion and Reaches Conclusion

Discussion of a universal, publically financed primary care system continued this week in the Senate Health and Welfare Committee. Several primary care physicians, from both

Vermont and around New England, testified in support of [S.53](#) citing reduced administrative burden, stabilization of payments and increased payment opportunities as primary benefits. While neither MVP Health Care nor BCBSVT took a position on the bill, both health plan representatives put forth important considerations for the Committee to ponder before moving forward.

After extensive consideration, Committee Chair Sen. Claire Ayer announced to the Committee and stakeholders that a bill to guarantee universal primary care will not move this session. Senator Ayer recognized that with the advent of accountable care organizations and the potential progression of the All Payer Model, implementation of Universal Primary Care would not garner the dedication and attention needed for success. In an attempt to continue the conversation, Senator Ayer will ask Agency of Human Services Secretary Al Gobielle to provide a feasibility plan for a government-run primary care clinic accessible to all state employees. With the State of Montana as a successful model, Senator Ayer believes this is an impactful first step towards improving access to primary care and system savings.

Mental Health Discussions Extend to House Health Care

The House Health Care Committee recently began discussing [S.133](#), a bill received from the Senate Health and Welfare Committee that takes a deep dive into the issues of the mental health care delivery system. As mental health system issues are on the personal and professional radar of many Committee members, significant testimony and investigation is expected. In fact, Committee Chairman, Rep. Bill Lippert, announced that passing legislation that strengthens the mental health system will be their top priority before adjournment.

Telemedicine Bill Advances to House Floor

Following a great deal of discussion and stakeholder testimony, [S.50](#), a bill that allows telemedicine services performed by providers outside of a health care facility to be reimbursed at the same rate as if services were provided in person, passed unanimously out of the House Health Care Committee.

The version passed by the Senate was amended to include a provision on informed consent. Amendment language requires a health care provider delivering health care services through telemedicine to obtain and document informed consent prior to delivering services. As concluded upon by the Committee, informed consent for telemedicine includes details such as: an explanation of the differences between telemedicine and in-person delivery of care; that the patient may experience a qualitatively different ability to establish physician-patient rapport; and that all services delivered through telemedicine are done so over a secure, HIPAA compliant connection.

In recognition that both BCBSVT and MVP contract with a third-party vendor to offer telemedicine services to their members, the amendment details that a health care provider delivering telemedicine services through a contract with a third-party must

comply with the aforementioned description of informed consent to the extent permissible under their contract. This approach was discussed and approved by both health plans prior to final committee vote. The bill will be up for discussion on the House floor on Tuesday.

Bills under Consideration in Committee since April 7th

House Health Care Committee:

(For a full list of bills, use the following [link](#))

[J.R.S.19](#) Joint resolution relating to prescription drug pricing

[S.3](#) An act relating to mental health professionals' duty to warn

[S.4](#) An act relating to publicly accessible meetings of an accountable care organization's governing body

[S.14](#) An act relating to expanding the Vermont Practitioner Recovery Network

[S.31](#) An act relating to circulating nurses in hospital operating rooms

[S.45](#) An act relating to providing meals to health care providers at conferences

[S.50](#) An act relating to insurance coverage for telemedicine services delivered in or outside a health care facility

[S.92](#) An act relating to interchangeable biological products

[S.133](#) An act relating to examining mental health care and care coordination

Senate Health and Welfare Committee:

(For a full list of bills, use the following [link](#))

[H.145](#) An act relating to establishing the Mental Health Crisis Response Commission

[H.184](#) An act relating to evaluation of suicide profiles

[H.230](#) An act relating to consent by minors for mental health treatment related to sexual orientation and gender identity

[H.265](#) An act relating to the State Long-Term Care Ombudsman

[H.507](#) An act relating to Next Generation Medicaid ACO pilot project reporting requirements

[S.90](#) An act relating to coordinating Vermont's response to adverse childhood and family experiences

[S.133](#) An act relating to food and lodging establishments

[S.140](#) An act relating to using a single wholesale drug distributor to supply prescription drugs for Vermont Medicaid

[S.146](#) An act relating to prescription drug pricing standards for State purchase

If you are interested in this week's Legislative Committee Meeting schedules, agendas, and a listing of other meetings and activities, please visit the Vermont Legislature's website at <http://legislature.vermont.gov/>. Committee meetings are normally updated daily, and are subject to change without notice. If you plan on attending, you may want to call ahead to verify the agenda.

For more information on legislative proposals, visit the Blue Cross and Blue Shield of Vermont website at www.bcbsvt.com or call Samantha Nelson at (802) 371-3777 or Kathy McNally at

(802) 371-3205. If you wish to discontinue receiving these updates or know of anyone else who would like to receive it, please call Kathy McNally or send an e-mail to mcnallyk@bcbsvt.com