

House Health Care Committee H. 481 overview: Strengthening Vermont's health care system through investment in three strategic health care priorities.

1) Increasing Affordability and Access – Increasing access to health care through strengthened access to health insurance

- Vermont Cost-sharing subsidies for “Underinsured Vermonters” – Sustaining current cost-sharing subsidies on the VT Health Exchange, and increasing cost-sharing subsidies for Vermonters between 200% - 300% of FPL (Federal poverty level). Helping these folks to actually use medical services by reducing deductibles and total out-of-pocket costs.
- Primary Care Medicaid rate increases – assuring access to primary care medical providers for Vermonters on Medicaid by increasing Medicaid rates to 100% of Medicare rates.
- Increasing access to substance abuse/mental health providers and to other medical professionals – increased Medicaid rate increases for designated agency substance abuse/mental health providers and for independent medical professionals/providers.
- Office of Healthcare Advocate – consumer access and representation.
- 2015 VT Household Insurance Survey – one time cost for focused followup on the 2014 VT ‘uninsured’ and ‘underinsured’ research.

2) Strengthening Vermont's Primary Care system – Prioritizing Primary Care providers as the backbone of Vermont's health care system

- Prioritizing Primary Care Medicaid rate increases – to 100% of Medicare rates. Primary care supports preventive care and avoids costly care.
- Increased investments in the VT Blueprint for Health – strengthening Community Health Team (CHT) and Primary Care Medical Home payments; better care coordination; demonstrated savings.
- Primary Care provider loan repayment program / AHEC – primary care medical provider loan repayment incentives used for recruiting young primary care medical professionals to Vermont health care settings.
- Universal Primary Care Study – one time support to analyze feasibility for future implementation of universal primary care.

3) Bending the Health Care Cost Curve – Achieving long term cost savings through strategic investments in structural healthcare reforms

- Increased investments in the VT Blueprint for Health – investing in research supported VT Blueprint for Health cost-saving initiatives
- Strengthening the Green Mountain Care Board – support for the All-Payer Waiver rate setting capacity; moving from fee-for-service to quality measures; addressing provider rate disparities.

H.481 - Summary of health care spending provisions

H.481 spends money on the following initiatives:

- Funding for existing Exchange cost-sharing subsidies (\$761,308 – State only)
- Increasing cost-sharing subsidies for people 200-250% FPL from 77% AV to 83% AV and people 250%-300% FPL from 73% AV to 79% AV (\$2 million – State only)
- Increasing Medicaid reimbursement rates
 - \$7 million (gross – includes \$3,286,655 State) to increase Medicaid rates for primary care providers
 - \$5,221,052 (gross – includes \$2,451,400 State) to increase Medicaid rates for professional services
 - \$1 million (gross – includes \$449,700 State) to increase Medicaid rates for Dartmouth Hitchcock Medical Center
- Increasing Medicaid reimbursement rates for non-medical providers under contract with departments in the Agency of Human Services (\$6,794,743 gross – includes \$3,055,596 State)
- Implementing prospective payments to home health agencies (\$200,000 gross – includes \$89,940 State)
- Increasing payments for the Blueprint for Health
 - \$3,639,024 (gross – includes \$1,636,469 State) to increase payments to patient-centered medical homes
 - \$1,171,802 (gross – includes \$526,959 State) to increase payments to community health teams
 - \$935,666 (gross – includes \$420,769 State) in payment adjustments for community health teams
- Provides \$700,000 (gross – includes \$300,000 State) for loan repayment for health care providers
- Provides \$40,000 (State only) to Office of Health Care Advocate
- Provides \$3,025,020 (gross – includes \$1,085,822 State) to the Green Mountain Care Board for provider rate-setting, all-payer model, and VITL oversight
- Provides up to \$200,000 (State only; may be reduced if grants available) to Joint Fiscal Office for cost estimates for universal primary care
- Provides \$150,000 (State only) for follow up household health insurance survey