

## **H.202 House Health Care Amendment** by Robin Lunge, BISHCA, March 20, 2011

### **Three Major Components**

- Green Mountain Care Board (to control health care cost growth)
- Vermont Health Benefit Exchange (to reform health insurance purchasing and administration, consistent with federal law)
- Green Mountain Care (to provide universal access and maximize cost savings)

### **Green Mountain Care Board**

- Responsible for Vermont's health care system that currently lacks integration and systemic coordination.
- Independent from executive and legislative branches. Five members, nominated by a new Green Mountain Care nominating committee and appointed by Governor with consent of Senate
- Oversees and evaluates payment reform at all levels – primary care, specialty care, hospital care – aimed at moving from payment for volume to payment for value
- Builds on and maximizes savings from Blueprint (patient-centered medical home)
- Develops overall budgeting with a reasonable rate of growth
- Eliminates cost-shifting going forward
- Provides strategic planning for Vermont's health care system through comprehensive data systems, adequate staffing and expert analysis

### **Vermont Health Benefit Exchange**

- Consolidates purchasing and simplifies purchasing of health insurance:
  - Creates easy to access website for health insurance, one-stop-shopping
  - Provides Vermonters with apples-to-apples comparisons
  - Provides access to federal health insurance subsidies.
  - Will ensure outreach to Vermonters and simple enrollment
- Acts as the “engine” of health care reform – implements payment reform and administrative simplification for as much of the population as possible
- Maximizes administrative simplification for patients, employers and providers

### **Green Mountain Care (implementation likely not before 2015)**

- A universal health care program providing health care to all Vermont residents including providing them access to primary care, preventative care, chronic care, acute care, and hospital services.
- Occurs after Affordable Care Act waiver is obtained and financing plan and budget are enacted into law.
- All Vermonters covered by virtue of residency with penalties for falsifying residency
- GMC board proposes three year budget that must be approved by legislature.
- Financing must maximize federal funds and spread costs fairly
- Integration and financing plans will address:
  - What will the overall costs/savings be?
  - How much federal \$ will we get?
  - How do we deal with border issues?
  - How are public and private coverage integrated?