



For the Week Ending March 20, 2009

Vermont legislators returned to the state capital in Montpelier last week after a two week hiatus that allowed them to attend local town meetings and allowed legislative staff to gather more information on how federal stimulus funds might affect the state budget for FY2010.

Activity last week was fast-paced as committees scrambled to complete work on priority bills to comply with a self-imposed deadline to ensure that those proposals will receive consideration by the other chamber this year. This so-called “crossover deadline” is intended to move the legislative process forward and allow a smooth conclusion to the session, which is now scheduled to end in early May.

The Senate Health and Welfare Committee late Friday unanimously agreed to approve a three-part committee bill (S.129) intended to reduce costs and improve the quality of the state’s health care delivery system. The proposal instructs the health care regulatory agency (BISHCA) to analyze variations in the use of health care by hospitals and physicians, identify and determine the causes of those variations, and recommend solutions to contain costs by reducing that variability and promote lower cost treatment alternatives. Under the proposed bill, BISHCA would contract with the Vermont Program for Quality Health Care (VPQHC) and could contract or consult with other organizations. The analysis would be presented to the legislature by December 15, 2009.

The proposed bill also instructs BISHCA to prepare a health plan administrative cost report by December 15, 2009. This report will compare administrative costs among private payers - including self-insured plans – and government plans.

The committee bill also includes a directive to the administration to prepare a plan for a shared decision-making demonstration project to be integrated with the Blueprint for Health. Shared decision-making is a process in which the provider and patient discuss the patient’s condition or disease and all of the treatment options available. Research indicates that patient’s experience the best outcome and choose the least invasive and less costly option when they are informed about all of the options. That report would be due in mid-January 2010.

Meanwhile, the House Health Care Committee last week heard testimony on several bills related to Catamount Health, a proposal to allow dependents on health insurance plans up to age 26, and a Vermont Medical Society proposal to regulate provider-insurer contracts.

The committee intends to create a single committee bill this week or next that may contain some or all of these proposals and potentially proposals from other bills as well.

New Bills of Interest

S.120 Introduced by Senator Ayer of Addison District and others

This bill proposes to require hospitals and other health care facilities to ask patients without health care coverage to fill out an application for the state's health programs.

S.123 Introduced by Senator Carris of Rutland District

This bill proposes to amend the process for developing and amending the health resource allocation plan, to increase the threshold dollar amounts for CON, and make other changes to Vermont's regulation of hospitals and other health care facilities.

S.129 Introduced by the Committee on Health and Welfare

This bill proposes to create a process to identify and reduce the variation among hospitals and health care professionals for the use of certain types of treatments, plan for a "shared decision-making" pilot program, and prepare a health plan administrative cost report.

H.321 Introduced by Representative Till of Jericho

This bill proposes to ensure adult Vermonters have access to several recommended vaccines at a lower cost by establishing a purchasing pool through the department of health.

H.322 Introduced by Representative Till of Jericho and Frank of Underhill

This bill proposes to study the current system for diagnosing and treating patients suffering a stroke and to make recommendations for a unified, emergency response system to treat patients who have had a stroke.

H.325 Introduced by Representative Flory of Pittsford and others

This bill proposes to allow cosmeticians to bill patients and insurers directly for micro pigmentation services and allows insurers to cover only those micro pigmentation services provided as the result of a referral from a health care professional.

H.371 Introduced by Representative O'Donnell of Vernon and others

This bill proposes to require health insurers to pay for health services rendered by an ambulance service even if the insured was not transported.

H.372 Introduced by Representative Fisher of Lincoln and others

This bill proposes to establish the Vermont freedom health plan to cover certain health-related services for all Vermonters.

H.375 Introduced by Representative Fisher of Lincoln

This bill proposes to prohibit the advertising of prescription drugs on broadcast media.

H.377 Introduced by Representative Fisher of Lincoln

This bill proposes to improve access to coverage of services in the VHAP plan.

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://www.leg.state.vt.us/schedule/schedule2.cfm> 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 Leigh Tofferi at (802) 223-6131 or Kathy Parry 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 Parry or send an e-mail to webmail@bcbsvt.com