



**STATE OF VERMONT**  
GENERAL ASSEMBLY  
HEALTH REFORM OVERSIGHT COMMITTEE

Preliminary Agenda

Room 10, State House

Tuesday, September 30, 2014

- 9:00 a.m.           A. Health Care Exchange/IT  
                          Laura Groschen, Vice President, Optum, and  
                          Lawrence Miller, Senior Advisor, Chief of Health Care Reform
1. Presentation of Optum report and corrective actions taken
  2. Maintenance costs of Oracle
- 10:00 a.m.           B. Administration Reports  
                          Harry Chen, Secretary, Stephanie Beck, Health and Human Services  
                          Enterprise Program Director, Agency of Human Services, Lawrence Miller
1. Response to HROC Co-chairs letter
  2. Chart of responsibility for Health Care Reform
  3. Chart of responsibility for Health Care IT work
  4. Updates/Discussion
- 10:45 a.m.           C. Timeline of recent and future work products related to health care reform
1. Comments by Administration -Lawrence Miller and Robin Lunge,  
          Director of Health Care Reform, Agency of Administration
  2. Overview by Leg Council - Jen Carbee
- 11:30 a.m.           D. Green Mt Care Board – Al Gobeille, Chair, Green Mountain Care Board
1. Hospital budget trends
  2. GMCB role in evaluating Act 48 conditions: economic issues and  
          sustainability What is the Board’s plan to meet these responsibilities  
          (See language below)
- 12:30 p.m.           Lunch
- 1:00 p.m.           E. Joint Fiscal Office Updates – Stephen Klein, Chief Fiscal Officer
1. Rand incidence work
  2. Contracts for analysis of administration action
  3. Update on modeling?
- 1:30 p.m.           Adjourn

Sec. 4 of Act 48 of 2011  
33 V.S.A. Chapter 18 is added to read  
CHAPTER 18. PUBLIC-PRIVATE UNIVERSAL  
HEALTH CARE SYSTEM  
Subchapter 1. Vermont Health Benefit Exchange  
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§ 1822. IMPLEMENTATION; WAIVER

(a) Green Mountain Care shall be implemented 90 days following the last to occur of:

(1) Receipt of a waiver under Section 1332 of the Affordable Care Act pursuant to subsection (b) of this section.

(2) Enactment of a law establishing the financing for Green Mountain Care.

(3) Approval by the Green Mountain Care board of the initial Green Mountain Care benefit package pursuant to 18 V.S.A. § 9375

(4) Enactment of the appropriations for the initial Green Mountain Care benefit package proposed by the Green Mountain Care board pursuant to 18 V.S.A. § 9375.

(5) A determination by the Green Mountain Care Board that each of the following conditions will be met:

(A) Each Vermont resident covered by Green Mountain Care will receive benefits with an actuarial value of 80 percent or greater.

(B) When implemented, Green Mountain Care will not have a negative aggregate impact on Vermont's economy.

(C) The financing for Green Mountain Care is sustainable.

(D) Administrative expenses will be reduced.

(E) Cost-containment efforts will result in a reduction in the rate of growth in Vermont's per-capita health care spending.

(F) Health care professionals will be reimbursed at levels sufficient to allow Vermont to recruit and retain high-quality health care professionals.

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