

Sec. D.101 FUND TRANSFERS, REVERSIONS, AND RESERVES

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(1) The following amounts shall be transferred to the General Fund from the funds indicated:

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| <u>22005</u> | <u>AHS Central Office Earned Federal Receipts</u> | <u>\$4,641,960</u> |
| <u>50300</u> | <u>Liquor Control Fund</u> | <u>\$21,200,000</u> |
| | <u>Sports Wagering Fund</u> | <u>\$1,204,000</u> |
| | <u>Caledonia Fair</u> | <u>\$5,000</u> |
| | <u>North Country Hospital Loan Repayment</u> | <u>\$29,047</u> |
| | <u>Springfield Hospital</u> | <u>\$121,412</u> |
| | <u>Promissory Note Repayment</u> | |

Sec. E.318 PARENT CHILD CENTERS NETWORK; EMPLOYEE SALARIES
AND BENEFITS

It is the intent of the General Assembly increased funding appropriated in fiscal year 2024 to the parent child centers be used to increase employee salaries and benefits, and not for new or expanded programming.

Sec. E.300.3 DESIGNATED AND SPECIALIZED SERVICE AGENCIES; INCREASE

It is the intent of the General Assembly that it will be incumbent upon the designated and specialized service agencies to focus any new funds on recruitment and retention of their direct service staff and contractors providing direct services. In fiscal year 2024, the Agency of Human Services shall increase funding to the designated and specialized service agencies in such a manner so as to support a four percent fund increase that furthers improved transparency, accountability and equity for Vermonters.

Sec. E.300.4 HOMELESSNESS RESPONSE SYSTEMS ANALYSIS

(a) On or before September 1, 2023, the Agency of Human Services shall convene a working group, including individuals with lived experience of homelessness, local and statewide representatives of the Continuums of Care Program, representatives of housing- and homelessness-related organizations, a member from the House Committees on General and Housing, a member from the House Committee on Human Services, a member from the Senate Committee on Economic Development, Housing, and General Affairs, and a member from the Senate Committee on Health and Welfare to review, develop, and provide recommendations on Vermont's homelessness response and prevention programs and governance system, including any measures of success that incorporate recent and relevant assessments and statewide plans.

(b)(1) On or before January 15, 2024, the working group established pursuant to subsection (a) of this section shall submit its initial findings and recommendations to the House Committees on Human Services and on General and Housing and to the Senate Committees on Health and Welfare and on Economic Development, Housing and General Affairs to align with the federal goal to reduce homelessness by 25 percent by 2025, in accordance with the Federal Strategic Plan to Prevent and End Homelessness, including strategies to:

(A) address racial and other disparities, as well as the multiplier effects of two or more concurrent risk factors, among people experiencing homelessness;

(B) justify State and local action through research of quantitative and qualitative data, including the perspectives of individuals who have or are currently experiencing homelessness;

(C) eliminate the silos between State and local governments and organizations; public, private, and philanthropic sectors; and individuals who have or are currently experiencing homelessness;

(D) increase the supply of and access to safe, affordable, and accessible housing and tailored supports for individuals at risk of or currently experiencing homelessness;

(E) improve response systems to meet the urgent crisis of homelessness, especially unsheltered homelessness; and

(F) reduce the risk of housing instability for households most likely to experience homelessness.

(2) On or before January 1, 2024, the working group shall submit an interim report on its work pursuant to subdivision (1) of this subsection (b) to the House Committees on Human Services and on General and Housing and to the Senate Committees on Health and Welfare and on Economic Development, Housing and General Affairs.

(3) On or before January 1, 2025, the working group convened in subsection (a) of this section shall submit a final report on its work pursuant to subdivision (1) of this subsection (b) to the House Committees on Human Services and on General and Housing

and to the Senate Committees on Health and Welfare and on Economic Development,
Housing and General Affairs.

ADDITIONAL LANGUAGE PROPOSALS:

Health care claims tax sunset extension – LC *revised* language

Sec. A. 2019 Acts and Resolves No. 6, Sec. 105, as amended by 2019 Acts and Resolves No. 71, Sec. 19 and 2022 Acts and Resolves No. 83, Sec. 75, is further amended to read:

Sec. 105. EFFECTIVE DATES

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(b) Sec. 73 (further amending 32 V.S.A. § 10402) shall take effect on July 1, ~~2023~~ 2025.

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Sec. B. 2013 Acts and Resolves No. 73, Sec. 60(10), as amended by 2017 Acts and Resolves No. 73, Sec. 14, 2018 Acts and Resolves No. 187, Sec. 5, 2019 Acts and Resolves No. 71, Sec. 21, and 2021 Acts and Resolves No. 73, Sec. 14, is further amended to read:

(10) Secs. 48–51 (health claims tax) shall take effect on July 1, 2013 and Sec. 52 (Health IT-Fund; sunset) shall take effect on July 1, ~~2023~~ 2025.

Hospital system transformation planning

Sec. C. HOSPITAL SYSTEM TRANSFORMATION PLANNING; PILOT

PROJECTS; REPORT

(a) The Agency of Human Services, in consultation with the Green Mountain Care Board, shall engage in transformation planning with up to four hospitals, or more than four hospitals to the extent funding is available, to reduce inefficiencies, lower costs, improve population health outcomes, reduce health inequities, and increase access to essential services while maintaining sufficient capacity for emergency management. The

transformation planning shall be informed by the data analysis and community engagement process set forth in 2022 Acts and Resolves No. 167, Sec. 2.

(b) In order to ensure alignment across hospital system transformation efforts, the Secretary of Human Services or designee and the Chair and staff of the Green Mountain Care Board shall consult regarding the planning activities set forth in this section and the data analysis and community engagement process set forth in 2022 Acts and Resolves No. 167, Sec. 2.

(c) On or before February 15, 2024, the Agency, in consultation with the Board, shall provide an update to the House Committee on Health Care and the Senate Committee on Health and Welfare regarding the progress of the hospital system transformation planning activities described in subsection (a) of this section.

EMS study

Sec. D. REGIONAL EMERGENCY MEDICAL SERVICES COORDINATION; STUDY COMMITTEE; REPORT

(a) Creation. There is created the Regional Emergency Medical Services (EMS) Coordination Study Committee to assess the current EMS District structure and the current level and cost of service in each district.

(b) Membership. The Committee shall be composed of the following members:

(1) a member of the House of Representatives, appointed by the Speaker of the House;

(2) a member of the Senate, appointed by the Committee on Committees;

(3) the EMS Chief of the EMS Office in the Department of Health;

(4) the Commissioner of the Department of Health or designee;

(5) the Commissioner of the Department of Public Safety or designee;
(6) one member, appointed by the Vermont League of Cities and Towns;
(7) one member who is a volunteer emergency medical technician or paramedic,
appointed by the Vermont Ambulance Association;

(8) one member, appointed by the Vermont Association of Hospitals and Health
Systems;

(9) one member, appointed by the Vermont State Firefighters' Association;

(10) one member, appointed by Professional Fire Fighters of Vermont;

(11) one member, appointed by the Statewide EMS Medical Director;

(12) one member, appointed by the EMS Education Council;

(13) three members representing three separate EMS Districts, with at least one
selected District primarily covering small, rural communities, appointed by the EMS
Chief at the Department of Health; and

(14) two members of the public, appointed by the Governor.

(c) Powers and duties. The Committee shall study the provision of emergency
medical services in the State, including the following issues:

(1) ways to decrease costs;

(2) ways to improve EMS coordination;

(3) ways to increase access to emergency services within each district; and

(4) ways to optimize the EMS District structure and authority, including

consideration of recommendations on the number and configuration of EMS Districts and
their powers, duties, and authority.

(d) Assistance. The Committee shall have the administrative, technical, and legal assistance of the Department of Health.

(e) Report. On or before December 31, 2023, the Committee shall submit a written report to the House Committees on Government Operations and Military Affairs and on Health Care and the Senate Committees on Government Operations and on Health and Welfare with its findings and any recommendations for legislative action.

(f) Meetings.

(1) The EMS Chief of the EMS Office in the Department of Health shall call the first meeting of the Committee to occur on or before July 15, 2023.

(2) The Committee shall select a chair from among its members at the first meeting.

(3) A majority of the membership shall constitute a quorum.

(4) The Committee shall cease to exist on December 31, 2023.

(g) Compensation and reimbursement.

(1) For attendance at meetings during adjournment of the General Assembly, a legislative member of the Committee serving in the member's capacity as a legislator shall be entitled to per diem compensation and reimbursement of expenses pursuant to 2 V.S.A. § 23 for not more than eight meetings. These payments shall be made from monies appropriated to the General Assembly.

(2) Other members of the Committee shall be entitled to per diem compensation and reimbursement of expenses as permitted under 32 V.S.A. § 1010 for not more than eight meetings. These payments shall be made from monies appropriated to the Department of Health.

(h) Appropriation. The sum of \$100,000.00 is appropriated to the Department of Health from the General Fund in fiscal year 2024 to support the work of the Committee as set forth in this section, including hiring a consultant to assist the Committee in conducting its study and writing a report on its findings and recommendations.

Blueprint for Health payments to providers

Sec. E. BLUEPRINT FOR HEALTH; PAYMENTS TO PATIENT-CENTERED MEDICAL HOMES; REPORT

On or before January 15, 2024, the Director of Health Care Reform in the Agency of Human Services shall recommend to the House Committees on Health Care and on Appropriations and the Senate Committees on Health and Welfare, on Appropriations, and on Finance the amounts by which health insurers and Vermont Medicaid should increase the amount of the per person, per month payments they make to Blueprint for Health patient-centered medical homes in furtherance of the goal of providing the additional resources necessary for delivery of comprehensive primary care services to Vermonters and in order to sustain access to primary care services in Vermont. The Agency shall provide an estimate of the State funding that would be needed to support the increase for Medicaid, both with and without federal financial participation. The Agency shall also evaluate and report on potential mechanisms for ensuring that all payers are contributing equitably to the Blueprint on behalf of their covered lives in Vermont, including a consideration of supporting Blueprint initiatives through the health care claims tax established in 32 V.S.A. chapter 243.

Increase to Medicaid dental cap

Sec. F. 33 V.S.A. § 1992 is amended to read:

§ 1992. MEDICAID COVERAGE FOR ADULT DENTAL SERVICES

(a) Vermont Medicaid shall provide coverage for medically necessary dental services provided by a dentist, dental therapist, or dental hygienist working within the scope of the provider's license as follows:

* * *

(2) Diagnostic, restorative, and endodontic procedures, to a maximum of ~~\$1,000.00~~ \$1,500.00 per calendar year, provided that the Department of Vermont Health Access may approve expenditures in excess of that amount when exceptional medical circumstances so require.

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Medicaid dental cap removal report

Sec. G. MEDICAID DENTAL COVERAGE; ESTIMATED COST OF REMOVING COVERAGE LIMIT; REPORT

It is the intent of the General Assembly to improve access to dental care for Vermont Medicaid beneficiaries by eliminating individual caps on dental spending. Following implementation of a proposed increase in the dental cap from \$1,000 to \$1,500 and evaluation of the financial impacts of the increase, the Department of Vermont Health Access shall project the potential costs of eliminating the dental cap entirely. The Department shall report its findings on the projected costs of lifting the dental cap as part of its fiscal year 2026 budget presentation.