

2021—2022 Bills Passed by the House Committee on Health Care

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Act 6 (S.117) & Act 85 (H.654): Extending health care regulatory flexibility during and after the COVID-19 pandemic and coverage of health care services delivered by audio-only telephone

- **Act 6 (2021)**

- Extends through March 31, 2022, certain COVID-19-related health care regulatory flexibility provisions originally enacted in 2020 Acts and Resolves No. 91 and previously extended by 2020 Acts and Resolves No. 140.
- Extends for an additional year, through June 30, 2022, provisions allowing for variations from the usual statutory witnessing requirements for advance directives executed during the COVID-19 pandemic.
- The act requires health insurance plans and Medicaid to cover all medically necessary, clinically appropriate health care services delivered by audio-only telephone to the same extent that they would cover the services if delivered in person.

- **Act 85 (2022)**

- Extends pandemic-related flexibility in Act 6 (bullets 1 and 2) and other acts until March 1, 2023.
- Creates a registration process to allow out-of-state licensed health care professionals to deliver health care services to patients in Vermont using telehealth during the period from April 1, 2022, through June 30, 2023.

Act 21 (H.104) & Act 107 (H.655): Facilitating the interstate practice of health care professionals using technology and OPR authority to approve provisional licensing

- **Act 21 (2021)**

- This act creates the Facilitation of Interstate Practice Using Telehealth Working Group to compile and evaluate methods for facilitating the practice of health care professionals throughout the United States using telehealth modalities (findings and recommendations due December 15, 2021).

- **Act 107 (2022)**

- This act creates a telehealth licensure and registration system that allows a health care professional who is not otherwise licensed, certified, or registered to practice in Vermont but is licensed, certified, or registered in good standing in any other U.S. jurisdiction to obtain a telehealth license or registration from the Office of Professional Regulation (OPR) or Board of Medical Practice to provide health care services to a patient in Vermont using telehealth.
- The act also allows the Director of OPR to issue a 90-day provisional license in any field to an individual who has completed an application for full licensure and whose eligibility for licensure is contingent upon acceptable verification of licensure from another jurisdiction, whose eligibility for licensure is contingent upon completion of a background check, or who is an active-duty member of the U.S. Armed Forces assigned to duty in Vermont or the member's spouse.

Act 30 (H.46): An act relating to miscellaneous provisions of mental health law

- Specifies that the consent form required prior to an individual's voluntary admission on an inpatient psychiatric unit include representation that the individual understands that treatment may occur on a locked unit and that a requested discharge may be deferred if the treating physician determines the individual meets the statutory criteria for involuntary treatment
- Specifies that the existing requirement that a head of hospital post excerpts of relevant statutes for psychiatric patients include statutes pertaining to the process for changing a patient's status from involuntary to voluntary
- Requires the Department of Mental Health (DMH) to oversee, collect information, and report on data regarding the use of emergency involuntary procedures for patients admitted to a psychiatric unit, regardless of whether the patient is under the care and custody of the Commissioner, and extends the reporting requirement established by 2018 Acts and Resolves No. 200, Sec. 7 pertaining to patients seeking mental health treatment in hospital settings until January 15, 2023

Act 33 (H.210): An act relating to addressing disparities and promoting equity in the health care system

- Establishes the Health Equity Advisory Commission to promote health equity and eradicate health disparities among Vermonters, including particularly those who are Black, Indigenous, or Persons of Color; individuals who are LGBTQ; and individuals with disabilities. The Commission is responsible for:
 - providing strategic guidance on the development of the Office of Health Equity, which was due to be established not later than January 1, 2023;
 - providing advice and making recommendations to the Office of Health Equity once established;
 - reviewing, monitoring, and advising all State agencies regarding the impact of current and emerging State policies, procedures, practices, laws, and rules on members of the targeted populations;
 - identifying and examining the limitations and problems associated with existing laws, rules, programs, and services related to the health status of members of the targeted populations;
 - advising Department of Health and General Assembly on decisions related to health disparities and promoting health equity, including with regard to the distribution of federal COVID-19 funds;
 - to the extent funds are available, distributing grants that stimulate the development of community-based and neighborhood-based projects that will improve health outcomes; and
 - advising the General Assembly on efforts to improve cultural competency, cultural humility, and antiracism in the health care system through training and continuing education requirements for health care providers and other clinical professionals.

Act 33 (H.210): An act relating to addressing disparities and promoting equity in the health care system (continued)

- Requires all State entities that collect health-related individual data to disaggregate health equity data by race, ethnicity, gender identity, age, primary language, socioeconomic status, disability, and sexual orientation. Data related to race and ethnicity shall use separate collection categories and tabulations disaggregated beyond non-White and White based on recommendations from the Executive Director of Racial Equity and the Health Equity Advisory Commission
- Requires reports pertaining to:
 - recommendations for improving cultural competency, cultural humility, and antiracism in Vermont's health care system through training, continuing education, and investments;
 - FY23 budget recommendations to fund the Health Equity Advisory Commission and the Office of Health Equity;
 - recommendations on appropriate and inclusive terms to replace the term "non-White" and on disaggregating data categories and tabulations beyond "non-White" and "White"; and
 - recommendations for most effectively using funds received by the State pursuant to ARPA to promote health and achieve health equity by eliminating disparities on the basis of race, ethnicity, disability, and LGBTQ status.

Act 37 (S.42): An act relating to establishing the Emergency Service Provider Wellness Commission

- Establishes the Emergency Service Provider Wellness Commission for the purposes of:
 - identifying where increased or alternative supports or strategic investments within the emergency service provider community, designated or specialized service agencies, or other community service systems could improve the health outcomes of emergency service providers
 - identifying how Vermont can increase capacity of qualified clinicians in the treatment of emergency service providers to ensure that the services of qualified clinicians are available for this purpose
 - educating the public, emergency service providers, State and local governments, employee assistance programs, and policymakers about best practices, tools, personnel, resources, and strategies for the prevention and intervention of the effects of trauma experienced by emergency service providers
 - identifying gaps and strengths in Vermont's system of care for both emergency service providers who have experienced trauma and their immediate family
 - recommending how peer support services and qualified clinician services can be delivered regionally or statewide
 - recommending how to support emergency service providers in communities that are resource challenged, remote, small, or rural
 - recommending policies, practices, training, legislation, rules, and services that will increase successful interventions and support for emergency service providers to improve health outcomes, job performance, and personal well-being and reduce health risks, violations of employment, and violence associated with the impact of untreated trauma

Act 48 (H.430): An act relating to eligibility for Dr. Dynasaur-like coverage for all income-eligible children and pregnant individuals regardless of immigration status

- This act requires the Agency of Human Services (AHS) to provide coverage equivalent to the coverage under the Dr. Dynasaur program to children and pregnant individuals who are not eligible for Dr. Dynasaur because of their immigration status.
- The coverage becomes available beginning on July 1, 2022, subject to fiscal year 2023 appropriations.

Act 61 (S.22): An act relating to health care practitioners administering stem cell products not approved by the U.S. Food and Drug Administration

- This act requires a health care practitioner who administers one or more stem cell or stem cell-related products not approved by the U.S. Food and Drug Administration (FDA) to provide each patient with a written notice before administering a product to the patient for the first time.
- The act also specifies that a health care practitioner's failure to comply with its notice, advertising, and disclosure requirements constitutes unprofessional conduct under the Board of Medical Practice and Office of Professional Regulation statutes.

Act 99 (S.239): An act relating to enrollment in Medicare supplemental insurance policies

- This act requires the Department of Financial Regulation to collaborate with health insurers, advocates for older Vermonters and other Medicare-eligible adults, and the Office of the Health Care Advocate to educate the public about the benefits and limitations of Medicare supplemental insurance policies and Medicare Advantage plans.
- It also directs the Department to convene a group of interested stakeholders to consider issues relating to Medicare Advantage plans and Medicare supplemental coverage and to report to the legislative committees of jurisdiction on or before January 15, 2023.

Act 108 (H.266): An act relating to health insurance coverage for hearing aids

- This act requires large group health insurance plans to cover hearing aids and related services beginning in plan year 2024.
- It also codifies the requirement that Vermont Medicaid cover hearing aids and related services and requires the Departments of Vermont Health Access and of Financial Regulation to report on or before November 1, 2022, on the status of the State's application to the federal government to modify the essential health benefits in Vermont's benchmark plan to include coverage of hearing aids and related services in individual and small group health insurance plans beginning in plan year 2024.

Act 119 (H.287): An act relating to patient financial assistance policies and medical debt protection

- This act establishes minimum standards for financial assistance policies at Vermont hospitals, hospital-affiliated outpatient clinics and facilities, and ambulatory surgical centers, which these facilities must meet not later than July 1, 2024.
- It sets forth processes for the facilities' implementation of their financial assistance policies, specifies the steps the facilities must take to publicize and notify patients about their policies, and prohibits the facilities from selling their medical debt.
- The act also requires hospitals to submit a plain language summary of their financial assistance policies to the Green Mountain Care Board as part of the hospital fiscal year 2025 hospital budget review process.

Act 130 (H.279): An act relating to miscellaneous changes affecting the duties of the Department of Vermont Health Access

- This act eliminates a two-visit-per-year limitation on Medicaid coverage of preventive dental services for adults.
- It also updates and consolidates provisions relating to the Pharmacy Best Practices and Cost Control Program in the Department of Vermont Health Access.

Act 131 (H.353): An act relating to pharmacy benefit management

- This act directs the Department of Financial Regulation (DFR) to monitor the cost impacts of pharmacy benefit manager (PBM) regulation and recommend changes as needed to promote health care affordability.
- The act expands certain prohibitions and requirements for PBMs and provides additional rights to pharmacies during a PBM audit.
- The act requires DFR, in consultation with interested stakeholders, to consider issues including PBM licensure; spread pricing; pharmacist dispensing fees; and, with the Board of Pharmacy, issues regarding pharmacist scope of practice.
- DFR's findings and recommendations are due to the legislative committees of jurisdiction on or before January 15, 2023.

Act 137 (H.489): An act relating to miscellaneous provisions affecting health insurance regulation

- This act requires health insurers and health care providers to comply with the requirements of the federal No Surprises Act.
- The act updates and further delineates the requirements for an association or trust to be eligible to purchase a group health insurance policy for its members.
- The act modifies and clarifies the Department of Financial Regulation's (DFR) reporting and rulemaking authority.
- The act creates the Insurance Parity in Residential Care for Children and Youth Working Group to increase access to appropriate mental health treatment for children and youth who are enrolled in commercial health insurance.
- The act also separates the individual and small group health insurance markets for plan year 2023 and requires DFR to convene a working group to look into maintaining separate markets in future plan years (findings and recommendations due January 15, 2023).

Act 167 (S.285): An act relating to health care reform initiatives, data collection, and access to home- and community-based services

- This act requires the Agency of Human Services (AHS), in collaboration with the Green Mountain Care Board (GMCB), to develop a proposal for a subsequent All-Payer Model agreement with the federal government to secure Medicare's continued participation in multipayer alternative payment models in Vermont.
- The act also directs the GMCB, in collaboration with AHS, to develop value-based payments for hospitals that will reduce inefficiencies, lower costs, improve population health outcomes, reduce health inequities, and increase access to essential services.
- The act directs the Health Information Exchange (HIE) Steering Committee to include a data integration strategy in its 2023 HIE Strategic Plan and to continue its efforts to create a single, integrated health record for each individual.
- The act also directs the Department of Financial Regulation (DFR) to explore the feasibility of requiring health insurers to access clinical data from the HIE to support prior authorization requests.
- The act specifies that Vermont's Blueprint for Health initiatives must include quality improvement facilitation and other means to support quality improvement initiatives.

Act 167 (S.285) (continued)

- The act requires AHS to recommend the amounts by which health insurers and Vermont Medicaid should increase their monthly per-person, per-month payments toward the shared costs of the Blueprint's community health teams and quality improvement facilitation and provide an estimate of the necessary State funding for Medicaid's share of the increase (findings and recommendations due January 15, 2023).
- The act directs the Department of Disabilities, Aging, and Independent Living (DAIL) to convene a working group to make recommendations on extending access to long-term home- and community-based services to a broader cohort of Vermonters and family caregivers and recommendations on changes to service delivery for individuals who are dually eligible for Medicaid and Medicare (findings and recommendations due January 15, 2024).
- The act expresses legislative intent to reimburse Medicaid participating providers at 100 percent of Medicare rates, with first priority for primary care providers, and directs the Department of Vermont Health Access (DVHA) either to include this level of reimbursement for primary care services in its fiscal year 2024 budget proposal or to provide information on the additional sums necessary to achieve reimbursement parity with Medicare's primary care rates.