

**H.206, An act relating to miscellaneous changes affecting the duties of the Department of Vermont Health Access and**

**Written Testimony from Andrea De La Bruere, Commissioner, Department of Vermont Health Access and Ginger Irish, Director of Communications and Legislative Affairs, Department of Vermont Health Access**

**4/20/23**

Madame Chair and Members of the Senate Committee on Health and Welfare,

Thank you for the opportunity to provide written testimony for H.206. Section-by-section testimony for the bill as passed by the House and for the Senate Health and Welfare Amendment Draft 2.2 follows. We are happy to provide additional information and to answer any questions you have.

*H.206: As Passed by the House*

Section 1:

This section includes language to remove the cap for dental procedures for individuals served on the Community Rehabilitation and Treatment and Developmental Disability Services waivers authorized under Vermont's Section 1115 Demonstration waiver. The Department estimates that this will affect 5,500 Vermonters. The bill also allows for payment of emergency dental services beyond the dental cap. The Department fully supports this language and our effort to expand dental access for vulnerable Vermonters.

Section 2:

The Department is required to change Vermont statute under a recent change to the Federal Medicaid Act. The Consolidated Appropriations Act of 2022 requires states to mandate that if the state Medicaid program authorizes a Medicaid member to get an item or service, any insurer that also covers the member must accept Medicaid's authorization as if it were their own prior authorization. This will assist Vermont Medicaid by streamlining recovery from primary health insurers and increasing third-party liability collections and ensuring compliance with new federal requirements. Currently, health insurance companies that insure Vermont Medicaid members are required by federal and state law to pay for claims before Vermont Medicaid reimburses a provider for the claim because Vermont Medicaid is the payer of last resort. In some cases, health insurance companies refuse to pay for claims because they allege that Vermont Medicaid members failed to get prior authorization from the company before seeking treatment that is covered by Vermont's state plan and waiver.

Section 3:

This section adds access for a designee of the Medical Director to access the Vermont Prescription Monitoring System. The Department of Vermont Health Access uses this system to review prescriptions across pharmacies to support patient safety. This provision will also ensure that the Department has access to the system if the Medical Director is unavailable. The Department supports this provision of the bill.

Section 4:

This section requires the Department of Vermont Health Access to continue its collaboration with Bi-State Primary Care Association to develop a mutually agreeable alternative payment methodology. The Department supports this language as written and is collaborating with Bi-State Primary Care Association on a forthcoming draft of this language.

*H.206: Senate Health and Welfare Amendment Draft 2.2*

Section 5:

The Department is operationally unable to report on healthcare activities and payments made by non-Medicaid payers and defers to the Agency of Human Services regarding this report.

Section 6:

This section does not affect Medicaid and the Department has no position regarding this section of the bill.

Sincerely,  
Ginger Irish  
Director of Communications and Legislative Affairs  
Department of Vermont Health Access