

# 2021—2022 Bills Passed by the Senate Committee on Health & Welfare

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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- Extends through March 31, 2022, certain COVID-19-related health care regulatory flexibility provisions originally enacted in 2020 Acts and Resolves No. 91 and previously extended by 2020 Acts and Resolves No. 140.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 36 (S.20): An act relating to restrictions on perfluoroalkyl and polyfluoroalkyl substances and other chemicals of concern in consumer products*

- Prohibits a person, municipality, or State agency from discharging or otherwise using for training or testing purposes class B firefighting foam that contains intentionally added perfluoroalkyl and polyfluoroalkyl substances (PFAS).
- Unless required under federal law, a manufacturer of class B firefighting foam is prohibited from manufacturing, selling, offering for sale, or distributing for sale or use in Vermont class B firefighting foam to which PFAS have been intentionally added.
  - However, these restrictions do not apply to class B firefighting foam containing intentionally added PFAS used at a terminal until January 1, 2024. After that date, a person operating a terminal who seeks to purchase class B firefighting foam containing intentionally added PFAS for fighting emergency class B fires may apply to the Department of Environmental Conservation (DEC) for a temporary one-year exemption.
  - Requires manufacturer or other person that sells firefighting equipment to any person, municipality, or State agency to provide notice to the purchaser at the time of sale if the personal protective equipment contains PFAS.
- Prohibits a manufacturer, supplier, or distributor from manufacturing, selling, offering for sale, distributing for sale, or distributing for use in Vermont a residential rug or carpet, aftermarket stain or water resistant treatment for rugs or carpets, and ski wax to which PFAS have been intentionally added in any amount.

*Act 36 (S.20): An act relating to restrictions on perfluoroalkyl and polyfluoroalkyl substances and other chemicals of concern in consumer products (continued)*

- Adds three PFAS to the previously enacted list of chemicals of high concern to children
- Prohibits a manufacturer, supplier, or distributor from manufacturing, selling, offering for sale, distributing for sale, or distributing for use in Vermont a food package to which PFAS have been intentionally added and are present in any amount
- Prohibits a manufacturer, supplier, or distributor from manufacturing, selling, offering for sale, distributing for sale, or distributing for use in Vermont a food package that includes inks, dyes, pigments, adhesives, stabilizers, coatings, plasticizers, or any other additives to which ortho-phthalates have been intentionally added and are present in any amount greater than an incidental presence
- In certain circumstances, allows the Department of Health (VDH) to adopt rules that:
  - prohibit a manufacturer, supplier, or distributor from selling or offering for sale or for promotional distribution a food package or the packaging component of a food package to which bisphenols have been intentionally added and are present in any amount greater than an incidental presence (if VDH or another state has determined that a safer alternative is readily in sufficient quantity and at a comparable cost and the safer alternative performs as well as or better than bisphenols in a specific application of bisphenols to a food package or the packaging component of a food package); and
  - exempt specific chemicals within the bisphenol class when clear and convincing evidence suggests they are not endocrine-active or otherwise toxic.



# *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 45 (H.171): An act relating to child care systems and financing*

- Amends the Child Care Financial Assistance Program (CCFAP) by assigning co-payments to an entire participating family versus by child, whereby families with an annual gross income of less than or equal to 150 % of the current federal poverty level (FPL) do not have a family co-payment, and increasing the upper limit of the income scale to 350% of current FPL
- Amends CCFAP by specifying that the payment schedule established by the Commissioner of the Department for Children and Families (DCF) may reimburse providers in accordance with the results of the most recent Vermont Child Care Market Rate Survey and that reimbursement rate caps be tiered in relation to provider ratings under STARS
  - The lower limit of reimbursement rate caps cannot be less than the 50th percentile of all reported rates for the same provider setting in each rate category.
- Requires the DCF's Child Development Division (CDD) to convene the Bright Futures Information System (BFIS) end-user group and make every reasonable effort to achieve full functionality of the first BFIS module on or before October 1, 2021
- Develops three workforce development programs: scholarships for current early childhood providers, scholarships for prospective early childhood providers, and student loan repayment assistance; the latter two are set to expire on July 1, 2026

## *Act 45 (H.171): An act relating to child care systems and financing (continued)*

- Requires CDD to submit a report to the General Assembly addressing the costs and policy implications associated with moving from an attendance-based model to an enrollment-based model in CCFAP
- Directs Building Bright Futures to issue a request for proposals to select an independent consulting entity with expertise in the field of child care and early childhood education to provide an analysis and recommendations on Vermont's child care and early education systems for children from birth through five years of age
- Requires the Joint Fiscal Office (JFO) to contract with a consultant to evaluate economic impacts of and potential funding mechanisms to adjust Vermont's regulated child care system for children from birth through five years of age with consideration given to the intersection of and impacts on child care for children from six through 12 years of age

*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 97 (S.74): An act relating modification to Vermont's patient choice at end of life laws*

- This act allows a physician to use telemedicine to interact with a terminally ill patient who is requesting a prescription for medication to be self-administered to hasten the patient's own death if the physician determines the use of telemedicine to be clinically appropriate.
- The act eliminates a 48-hour waiting requirement after the last to occur of the patient's written request for medication to be self-administered to hasten the patient's own death, the patient's second oral request for the medication, and the physician's offering the patient an opportunity to rescind the request, before the physician can write a prescription for the medication.
- The act also specifies that no health care professional will be subject to civil or criminal liability or professional disciplinary action for acting in good faith compliance with the statutes regarding patient choice at end of life.

*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 112 (S.197): An act relating to the provision of mental health supports*

- Requires the Department of Mental Health (DMH), in consultation with the Agency of Education (AOE) and the Agency of Human Services, to submit its federally required Mobile Crisis Needs Assessment to the legislative committees of jurisdiction on or before January 15, 2023
- Directs AOE, in consultation with DMH, to contract with one or more organizations to provide COVID-19 recovery supports for educators and school staff in FY23
- Requires AOE to work with DMH in establishing and administering a two-year program utilizing a tiered-support approach to ensure continuous support to children and youth in a variety of settings, including supervisory union and district-wide, in-school, community technical education centers, and afterschool settings
- Directs the existing Vermont Interagency Afterschool Youth Task Force to submit its bimonthly reports to legislative committees of jurisdiction

*Act 113 (S.206): An act relating to planning and support for individuals and families impacted by Alzheimer's Disease and related disorders*

- Adds the Executive Director of the Blueprint for Health or designee to the Commission on Alzheimer's Disease and Related Disorders and replaces the member of the Commission representing the business community with a member representing hospitals
- Requires the Commission to submit a report containing recommendations to achieve a dementia-capable workforce and to improve provider response to Alzheimer's Disease and other related disorders
- Requires the Department of Disabilities, Aging and Independent Living (DAIL) to include individuals with Alzheimer's disease and related disorders in the State Plan on Aging and specifically address:
  - home-based care or placements and hospital and long-term care placements and transitions to and from care in home, hospital, and long-term care settings;
  - support and education for families and caregivers; and
  - strategies to promote affordable and accessible long-term care and home- and community-based services to individuals with Alzheimer's disease and related disorders.
- Requires the Department of Health (VDH) and DAIL to develop and maintain public education materials on Alzheimer's Disease and related disorders for patients, families, caregivers, and health care providers
- Requires the Agency of Human Services to submit a plan to the General Assembly on funding a permanent Alzheimer's Disease Coordinator position to be shared between VDH and DAIL
- Requires the Department of Public Safety to submit a report to the General Assembly containing recommendations regarding broadcasting information on missing persons with Alzheimer's Disease or related disorders or cognitive disabilities to aid in locating those individuals

## *Act 115 (H.462): An act relating to miscellaneous Department of Health programs*

- This act contains multiple Department of Health (VDH) program amendments, including:
  - renaming the existing “Alcohol and Drug Abuse Programs” to be “the Division of Substance Use Programs”;
  - requiring pharmacies that operate 10 or more establishments in the United States and concurrently conduct business in Vermont to enroll in a drug disposal kiosk program or provide a mail-back option if a kiosk program is physically impossible;
  - permitting VDH to share deidentified data acquired or produced by the Child Fatality Review Team with other states that have similar panels if access is consistent with Vermont’s privacy, security, and disclosure protections;
  - directing the Chief Medical Examiner to submit a report of a death to a federal prosecutor or a prosecutor in another state upon request;
  - requiring the Office of Professional Regulation to notify the Commissioner of Health and any relevant professional regulatory board or boards if an assessment under 26 V.S.A. § 3108 addresses activities within the “practice of medicine”; and
  - creating the Working Group on Services for Individuals with Eating Disorders.

## *Act 118 (H.711): An act relating to the creation of the Opioid Settlement Advisory Committee and the Opioid Abatement Special Fund*

- Establishes the Opioid Settlement Advisory Committee and the Opioid Abatement Special Fund to comply with any opioid litigation settlements to which the State or municipalities of the State are a party regarding the management and expenditure of monies received by the State.
  - The Committee is directed to identify spending priorities from the Special Fund to the Governor, the Department of Health (VDH), and the General Assembly.
- Designates VDH as the lead State agency and single point of contact for submitting requests for funding to the national settlement fund administrator
- Specifies that the Special Fund shall consist of all abatement account fund monies disbursed to VDH from the national abatement account fund, the national opioid abatement trust, the supplemental opioid abatement fund, or any other settlement funds that are required to be used exclusively for opioid prevention, intervention, treatment, recovery, and harm reduction services

*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 129 (H.265): An act relating to the Office of the Child, Youth, and Family Advocate*

- Establishes the Office of the Child, Youth, and Family Advocate (Office), which shall act independently of any State agency in the performance of its duties
- Charges the Office with:
  - advocating for the welfare of children and youths receiving services from the Department for Children and Families (DCF) directly, or through funds provided by DFC, and those involved in the child protection and juvenile justice systems; and
  - promoting reforms necessary to better serve Vermont's children, youths, and families in a manner that addresses racial and social equity.
- Specifies that the Office is directed by the Child, Youth, and Family Advocate (Advocate)
  - Qualified candidates to serve as Advocate are recommended by the Oversight Commission on Children, Youths, and Families to the Governor, who in turn is required to appoint an Advocate, subject to Senate confirmation, to a four-year term.
- Provides the Advocate with an advisory council composed of stakeholders who have been impacted by child welfare services provided by DCF for the purpose of providing advice and guidance to the Office
- Specifies the information to which the Advocate has access and the Office's responsibility to maintain confidentiality over certain records and prohibits employees of the Office from having any conflicts of interest that would interfere with their duties

*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 133 (H.464): An act relating to miscellaneous changes to the Reach Up Program*

- Amends the definition of “dependent child” to mean an individual 18 years of age or older who is a full-time student and expected to complete an educational program before reaching 22 years of age (versus 19 years of age) or who is not expected to complete a program before reaching 22 years of age (versus 19 years of age) due to a documented disability
- Increases the amount of income disregarded for Reach Up participants from \$250 to \$350 and increases the monthly amount of child support payments that a participating family may receive from \$50 to \$100
- Requires case managers to utilize a universal engagement model and amends existing law to employ a collaborative and empowering tone with regard to family development and engagement
- Replaces work requirements with requirements on employment preparation, readiness, and participation
- Removes the requirement that a deferral or modification of the work requirement due to the existence of illness or disability be confirmed through an independent medical review
- Amends the Postsecondary Education Program to enable both parents in a two-parent family to simultaneously participate in the program
- Appropriates \$500,000 to the Department for Children and Families (DCF) in FY23 to make improvements to DCF’s IT systems that are necessary to perform DCF’s duties under the act

*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.

## *Act 149 (S.90): An act relating to establishing an amyotrophic lateral sclerosis registry*

- Directs the Commissioner of Health to establish, maintain, and operate a statewide amyotrophic lateral sclerosis (ALS) incidence registry
- Requires a health care provider that screens for, diagnoses, or provides therapeutic services to patients with ALS to report to the Department of Health (VDH) all individuals diagnosed as having ALS within 6 months following the date of diagnosis
- Requires VDH to submit an annual report to the Governor and General Assembly containing the statewide prevalence and incidence estimates of ALS
- Directs the Commissioner of Health to develop written materials that provide information about the National Amyotrophic Lateral Sclerosis Registry, which shall be made available to all licensed health care providers in Vermont
- Directs VDH to seek and apply for grants to fund the statewide ALS registry and, as part of its FY24 presentation, to describe any grants applied for or awarded for this purpose or other identified funding sources

## *Act 150 (S.91): An act relating to the Parent Child Center Network*

- Establishes the Parent Child Center Network, which is defined as “an Agency of Human Services’ community partner composed of authorized parent child centers that ensures accountability and collaboration among authorized parent child centers”
- Amends the criteria that the Secretary of Human Services (Secretary) must use to determine whether a new parent child center shall be authorized and whether an existing parent child center shall be reauthorized
- Requires Secretary to conduct a reauthorization review of each parent child center at least every 6 years
- Directs Secretary to disperse a joint allocation for all parent child center services to the Parent Child Center Network, which in turn is required to distribute funding to each authorized parent child center
- Requires the Parent Child Center Network and authorized parent child centers to provide any previously agreed upon information to enable the Secretary to evaluate the services provided through grant funds, the effect of services on consumers, and an accounting of the expenditure of grant funds

# *Act 186 (H.720): An act relating to the system of care for individuals with developmental disabilities*

- Amends the existing system of care plan by removing the requirement that a portion of the plan go through rulemaking
- Sets forth a process for the Department of Disabilities, Aging, and Independent Living (DAIL) to request an extension for the completion of subsequent system of care plans
- Requires DAIL to submit a report to the General Assembly on or before November 15, 2022, regarding the oversight of services for individuals with developmental disabilities and also requires that DAIL submit a report to the General Assembly on or before January 15, 2023, that includes an implementation plan addressing the fiscal and workforce requirements needed to conduct a minimum of at least one annual on-site quality assurance and improvement visit by DAIL to the designated and specialized service agencies and other providers serving individuals with developmental disabilities
- Creates a limited-service position of the Residential Program Developer within DAIL and allocates funds for this purpose
- Directs DAIL to develop housing and residential service pilot planning grants in at least three regions of the State, in partnership with the designated and specialized services agencies, for individuals with developmental disabilities and their families
- Addresses legislative input pertaining to system-wide payment reform and the conflict-free case management system impacting individuals with developmental disabilities
  - Due to a typographical error, this section diverges from legislative intent, and the General Assembly is expected to address the discrepancy during the 2023 session.

## *H.728: An act relating to opioid overdose response services (vetoed)*

- Would have excluded “harm reduction supplies” from the definition of “drug paraphernalia” so as to exclude the sale of harm reduction supplies to a minor from the penalty established in 18 V.S.A. § 4476
- Reference to “an AIDS service organization, a substance abuse treatment provider, or a licensed health care provider or facility” would have been removed from the definition of “organized community-based needle exchange program” to expand the type of provider that may provide access to clean needles and syringes
- Would have required the Agency of Human Services (AHS) to provide Medicaid beneficiaries with medically necessary medication-assisted treatment (MAT) for opioid use disorder when prescribed by a health care professional practicing within the scope of the professional’s license and participating in the Medicaid program
- Would have required AHS, upon approval of the Drug Utilization Review Board, to cover at least one medication in each therapeutic class for methadone, buprenorphine, and naltrexone as listed on Medicaid’s preferred drug list without requiring prior authorization
- Would have required reports from the Department of Vermont Health Access on prior authorization for MAT in the Medicaid program
- Would have established the Overdose Prevention Site Working Group for the purposes of:
  - conducting an inventory of overdose prevention sites nationally;
  - identifying the feasibility, liability, and cost of both publicly funded and privately funded overdose prevention sites;
  - making recommendations on municipal and local actions necessary to implement overdose prevention sites;
  - making recommendations on executive and legislative actions necessary to implement overdose prevention sites, if any; and
  - developing an action plan for the design, facility fit-up, and implementation of overdose prevention sites in Vermont.
- Governor’s veto message is available [here](#)