

2019-2020 Bills Passed by the House Committee on Human Services

Presented by Jennifer Carbee & Katie McLinn
Office of Legislative Counsel
January 2021

Public Health

Act 4 (H.218): An act relating to lead poisoning prevention

- Amends 2018 Acts and Resolves No. 149 by incorporating further amendments requested by the EPA prior to its approval of the Vermont Department of Health's proposal to house all regulatory authority over lead poisoning prevention practices within the State

Act 66 (S.40): An act relating to testing and remediation of lead in the drinking water of schools and child care facilities

- Requires all school districts, supervisory unions, independent schools, and child care providers to test for lead in the drinking water from outlets in each building or facility it owns or controls
- Requires VDH to pay to conduct the testing of samples taken by schools and child care providers
- If testing indicates lead is present in drinking water from an outlet at or above the action level of 4 ppb:
 - the school or child care provider must take the outlet out of service and conduct remediation to eliminate or reduce lead in the drinking water from the outlet;
 - notify parents, guardians, and staff of the remedial action;
 - submit a lead remediation plan to DOH; and
 - notify DOH when the plan is complete
- Requires the State shall pay the actual cost of replacement of outlets that are at or above the action level up to a capped maximum amount per type of drinking water fixture
- Requires VDH to adopt rules to implement the testing program

Act 75 (S.55): An act relating to the regulation of toxic substances and hazardous materials

- Establishes the Interagency Committee on Chemical Management to evaluate chemical inventories in the State, identify potential health risks to human health and the environment from chemical inventories, and propose measures to address risks from chemical inventories
- Amends the Chemicals of High Concern to Children Program to require manufacturers of children's products that contain a chemical of high concern to children to report a product's brand name, product model, and universal product code when fulfilling the Program's notice requirements
- Amends the criteria under which the Commissioner of Health may regulate the sale or labeling of a children's product containing a chemical of high concern to children

Substance Use Disorder

Act 43 (S.43): An act relating to limiting prior authorization requirements for medication-assisted treatment

- Prohibits health insurance plans from imposing prior authorization requirements for counseling and behavioral therapies associated with medication-assisted treatment and for prescription drugs for a patient receiving medication-assisted treatment if dosage prescribed is within FDA dosing recommendations
- Requires health insurance plans to ensure that at least one medication from each drug class approved by FDA for treatment of substance use disorder is available on lowest cost-sharing tier of plan's prescription drug formulary
- Requires DVHA to submit reports* to General Assembly annually between 2020 and 2022 regarding prior authorization processes for medication-assisted treatment in Medicaid

*2020 DVHA report available [here](#)

Act 82 (S.146): An act relating to substance misuse prevention

- Establishes the Substance Misuse Oversight and Advisory Committee, which is tasked with improving the health outcomes of all Vermonters through a holistic approach to substance misuse prevention that addresses all categories of substances
- Establishes the Manager of Substance Misuse Prevention to staff the Committee and Chief Prevention Officer to coordinate across State government and in collaboration with community partners, policies, programs, and budgets to support and improve the well-being of all Vermonters through prevention efforts

Health Care Reform

Act 52 (S.7): An act relating to social service integration with Vermont's health care system

- Requires AHS to submit a plan to the General Assembly related to coordinating the financing and delivery of Medicaid home-and community-based services with the all-payer financial target services
- Directs the GMCB to submit to the General Assembly a report that evaluates the manner and degree to which social services are integrated into the accountable care organization (ACO)
- Requires the Director of Trauma Prevention and Resilience Development to serve as a resource in ensuring that new models used by community social service providers are aligned with the State's goals for trauma-informed prevention and resilience

Child Care

Act 161 (H.967): An act relating to the provision of child care at family child care homes during remote learning days

- Expands the hours that a family child care home may care for school-age children from four hours a day to full time when the school-age children's schools have provided the option for or have scheduled a student for full-or part-time remote instruction occurring electronically off school premises (effective between Sept. 8, 2020 and Sept. 1, 2021)

H.531 (not enacted): An act relating to Vermont's child care and early learning system

H.531 did not pass, but the following portions were incorporated into the FY20 budget, 2019 Acts and Resolves No. 72:

- Sec. E. 318: Enables families seeking employment to participate in CCFAP for up to 3 months (or longer w/ Commissioner approval) versus one month
- Sec. E.318.1: FY20 CCFAP adjustments to sliding fee scale and market rates (preschool/school age: 2014 rates; infants/toddlers: 2017 rates)
- Sec. E.318.3: \$1,000,000 for child care stabilization grants, including to: (1) support programs that maintain the enrollment of children receiving support through CCFAP at a level of at least 50 percent of total enrollment; and (2) expand infant and toddler child care capacity
- Sec. E.3118.4: \$100,000 for developing/implementing a modernization plan for the Bright Futures Information System
- Sec. E.318.5: \$300,000 for grants to incentivize child care professionals, incl. hiring or retention bonuses and tuition assistance for continuing education
- Sec. 318.6: \$300,000 for implementation of the Council for Professional Regulation's Child Development Associate Credential curriculum in technical centers

Maternal Mortality Review Panel

Act 142 (H.572): An act relating to the Maternal Mortality Review Panel

- Makes a variety of amendments to the Maternal Mortality Review Panel, including:
 - amending the Panel's charge to include consideration of "health disparities and social determinants of health, including race and ethnicity in maternal death reviews";
 - enabling the Commissioner of Health to make one-year appointments to the Panel if the expertise of a licensed clinical provider specializing in substance use disorder, an expert in pharmaceutical management of mental health, or a social worker is necessary;
 - specifying Panel review cannot begin until the conclusion of any related criminal prosecution;
 - authorizing entry into reciprocity agreements with other states' panels; and
 - expanding records to which the Panel has access

Housing

Act 177 (H.967): An act relating to transient occupancy for health care treatment and recovery

- Enables individuals placed in a hotel, a motel, or lodgings in connection with medical treatment or recovery services that are paid for by a hospital or designated or specialized service agency to remain housed in the same setting without establishing tenancy

COVID-19

Act 91 (H.742): An act relating to Vermont's response to COVID-19 (health/human services provisions)*

- Provides administrative and health care provider flexibility in responding to COVID-19 pandemic
- Allows AHS and GMCB to waive/modify certain regulatory processes and requirements as needed to prioritize direct patient care, allow flexible staffing, preserve provider sustainability
- Directs DFR to consider adopting emergency rules to:
 - expand insurance coverage and reduce out-of-pocket costs for COVID-19 diagnosis, treatment, and prevention
 - modify or suspend deductible requirements for prescription drugs
 - expand access/reimbursement for health care services delivered remotely, including by audio-only telephone
- Permits patients to refill maintenance medications early
- Allows pharmacists to extend prescriptions for maintenance medications and to substitute substantially equivalent prescription drug if prescribed medication unavailable
- Allows recently retired Vermont providers and providers licensed in other states to deliver health care services to Vermonters using telehealth, as part of staff of licensed facility, or under temporary license, and provides OPR/BMP flexibility to waive certain requirements during a state of emergency
- Expands health insurance coverage for telehealth, including teledentistry and services delivered by store-and-forward means and, until January 1, 2026, requiring health insurance plans to reimburse providers same amount for same services whether provided in person or by telemedicine
- Allows DCF Commissioner to use additional funds from FY2020 appropriation for Child Care Financial Assistance Program to help child care programs at risk of closing due to financial hardship

*House Human Services did not take possession of bill but recommended language that was included

Act 107 (H.950) An act relating to allowing remote witnesses for advance directives for a limited time

- Advance directive executed February 15 – June 15, 2020 deemed valid even if one/both witnesses not physically present when principal signed if principal and remote witnesses were known to each other, remote witnesses were informed about role, and principal included remote witnesses' name/contact information on advance directive
 - Advance directive executed under these circumstances remains valid until June 30, 2021
- Advance directive executed June 15, 2020 – June 30, 2021 deemed valid even if one/both witnesses not physically present when principal signed if principal and remote witnesses were known to each other; based on video or telephonic communication with principal, remote witnesses made certain attestations; and principal included remote witnesses' names/contact information/relationship to principal on advance directive
 - Advance directive executed under these circumstances remains valid indefinitely
- Advance directive executed February 15, 2020 – June 30, 2021 while principal was being admitted to/resident/patient of nursing home, residential care facility, or hospital deemed valid even if individual who explained nature and effect to principal was not physically present if communicated with principal by video or telephone

Act 136 (H.965): An act relating to health care- and human services-related appropriations from the Coronavirus Relief Fund*

Appropriates \$326,850,000 (total) from Coronavirus Relief Fund (CRF) for health care- and human services-related expenses incurred as result of COVID-19 pandemic:

- Hazard pay program (\$28 million); report due by Jan. 15, 2021
- Health Care Provider Stabilization Grant Program (\$275 million); reports due by Aug. 1 and Oct. 1, 2020 and Jan. 15, 2021
- COVID-19-related health disparities (ELC grant + \$500,000); report due by Aug. 18, 2020
- Suicide prevention (potential SAMHSA grant anticipated but not received)
- Pathways Vermont peer warm line and outreach (\$200,000)
- Food insecurity (\$4.7 million)

*House Human Services did not take possession of bill but recommended language that was incorporated into House Appropriations committee bill

Act 136 (H.965) (continued)

Additional CRF appropriations/provisions:

- Summer meals for schoolchildren (\$12 million from prior CRF appropriation); report due by Aug. 18, 2020
- Meals for older Vermonters and other vulnerable populations; report due by Aug. 18, 2020
- Restart grants for child care providers, summer camps, afterschool programs; parent child center COVID-19 costs; Children's Integrated Services (\$12 million); report due by Aug. 18, 2020
- Grants to vulnerable populations (\$2 million)
- Supports for new Americans, refugees, and immigrants (\$700,000)
- COVID-19 public health precautions on ANR land (\$3 million)
- Legislative Branch COVID-19 mitigation, including space and health and safety needs assessment and purchase of information technology equipment (\$750,000); report due by Aug. 19, 2020
- Dept. of Health assistance with reopening independent colleges

Act 168 (H.967): An act relating to making certain amendments to the Front-Line Employees Hazard Pay Grant Program

- Appropriates additional \$2,500,000.00 to Front-Line Employees Hazard Pay Grant Program to expand coverage to eligible employees of:
 - Lodging establishments that housed homeless individuals during relevant time period
 - Cleaning and janitorial services, food service providers, and nurse contracting agencies that provided services to healthcare or residential care facilities during the eligible period
- Clarifies certain grant eligibility requirements and makes individuals who worked for covered employer during relevant time period but are no longer employed by that employer eligible if meet other Program requirements
- Permits CRF funds to be used for prospective workforce stabilization program for DCF-regulated family child care homes, center-based child care and preschool programs, and afterschool programs not serving as child care hubs after other allowable expenses for other specified purposes are allocated

Older Vermonters & Long-Term Care

*Act 5 (S.14): An act relating to extending
the moratorium on home health agency
certificates of need*

- Extends until January 1, 2025 the moratorium on granting certificates of need for new home health agencies or for the offering of home health services

Act 118 (H.635): An act relating to regulation of long-term care facilities

- Establishes definition of “insolvent” for purposes of determining whether long-term care facility should have receiver appointed
- Specifies that, in deciding whether to appoint receiver for long-term care facility, court’s determination of whether grounds for receivership have been met must be based on facility’s condition at time complaint requesting appointment of receiver was filed
- Allows DAIL to take immediate enforcement action when necessary to eliminate condition that can reasonably be expected to cause serious mental harm to residents or staff
 - Under prior law, DAIL could only take immediate enforcement action to eliminate condition reasonably expected to cause death/serious physical harm

Act 156 (H.611): An act relating to the Older Vermonters Act

- Creates new statutory chapter entitled the “Older Vermonters Act”
 - Includes principles for comprehensive and coordinated system of services and supports for older Vermonters
 - Addresses roles and duties of DAIL and area agencies on aging (AAAs)
 - Requires DAIL to adopt State Plan on Aging at least once every four years
- Requires DAIL to report annually on its adult protective services activities
- Requires Secretary of Administration, in collaboration with Commissioner of DAIL and Commissioner of Health, to propose process for developing Vermont Action Plan for Aging Well to be implemented across State and local government, private sector, and philanthropies
 - Vermont Action Plan for Aging Well would help promote aging with health, choice, and dignity in order to establish and maintain an age-friendly State for all Vermonters; would also include review of Medicaid rates for home- and community-based service providers
 - Secretary must engage with interested stakeholders; proposed process due May 1, 2021
- Establishes 16-member Self-Neglect Working Group to consider issues relating to adults who, due to physical or mental impairment or diminished capacity, are unable to perform essential self-care tasks
 - Working Group’s recommendations due July 1, 2022

Tobacco

Act 22 (H.26): An act relating to restricting retail and Internet sales of electronic cigarettes, liquid nicotine, and tobacco paraphernalia in Vermont

- Prohibits anyone from causing “tobacco substitutes” (e-cigarettes), substances containing nicotine or otherwise intended for use with e-cigarettes, or tobacco paraphernalia that is ordered or bought by mail, phone, or Internet to be shipped to anyone in Vermont other than a licensed wholesale dealer or retailer
- Prohibits anyone from selling e-cigarettes, substances containing nicotine or otherwise intended for use with e-cigarettes, or tobacco paraphernalia unless the person is a wholesaler or purchased the items from a wholesaler

Act 27 (S.86): An act relating to increasing the legal age for buying and using cigarettes, electronic cigarettes, and other tobacco products from 18 to 21 years of age

- Increases legal age for possessing and purchasing cigarettes, “tobacco substitutes” (e-cigarettes), and other tobacco products from 18 to 21 years of age, effective September 1, 2019

Reproductive Health

Act 47 (H.57): An act relating to preserving the right to abortion

- Establishes as a fundamental right the right to choose or refuse contraception or sterilization and the right to carry a pregnancy to term, to give birth to a child, or to have an abortion
- Prohibits law enforcement from prosecuting an individual for inducing, performing, or attempting to induce or perform the person's own abortion
- Prohibits a governmental entity from:
 - denying or interfering with a fundamental right as established by the act
 - depriving a person of the choice to have an abortion
 - interfering with or restricting a person's choice to have an abortion
 - prohibiting a health care provider acting within the scope of the provider's license from performing an abortion
 - interfering with the choice of a health care provider acting within the scope of the provider's license to provide an abortion
- Establishes a private right of action in Superior Court for a person injured as a result of a violation of the act

Act 157 (H.663): An act relating to expanding access to contraceptives

- Stated purpose of act is to improve compliance with existing contraceptive laws and further expand access to contraceptives
- Requires each school district to make condoms available for free to all students in its secondary schools
- Directs Dept. of Health, in partnership with health care providers and health insurers, to communicate to adolescents and others of reproductive age information about contraceptive access and coverage
- Agency of Education and Dept. of Health report due April 15, 2021 on their continued efforts to support schools and school districts in providing comprehensive health education, including sexual health and safety, to Vermont students

Bills Passed Out
of Committee
But Not Enacted

Bills passed out of committee but not enacted

- H.85: An act relating to increasing the personal needs allowance for certain nursing home residents
- H.162: An act relating to removal of buprenorphine from the misdemeanor crime of possession of a narcotic
- H.215: An act relating to the Office of the Child Advocate
- H.223: An act relating to residential rental agreements for substance abuse recovery homes
- H.249: An act related to the Reach Up and Reach Ahead pilot program
- H.424: An act relating to the Interstate Compact on the Placement of Children
- H.783: An act relating to recovery residences