

Bills Considered by House Committee on Health Care and Enacted in 2021

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Act 6 (S.117): An act relating to extending health care regulatory flexibility during and after the COVID-19 pandemic and to coverage of health care services delivered by audio-only telephone

- ▶ Extends through March 31, 2022 certain COVID-19-related flexibility provisions originally enacted in Act 91 of 2020 and extended in Act 140 of 2020
- ▶ Extends through June 30, 2022, provisions allowing for variations from usual statutory witnessing requirements for advance directives executed during COVID-19 pandemic
- ▶ 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 they would cover the services if provided in person
- ▶ Allows health care providers to deliver services by audio-only telephone if the patient chooses to receive services in that manner and it is clinically appropriate to do so, and specifies certain informed consent requirements
- ▶ Requires DFR and others to report by December 1, 2023 on the use of audio-only telephone services in Vermont during calendar year 2022
- ▶ Directs DFR to determine reimbursement amounts for audio-only telephone for 2022-2024²

Act 21 (H.104): An act relating to considerations in facilitating the interstate practice of health care professionals using telehealth

- ▶ Creates Facilitation of Interstate Practice Using Telehealth Working Group to compile and evaluate methods for facilitating practice of health care professionals throughout United States using telehealth, including through creation of telehealth licenses, waiver of licensure, national licensure compacts, and regional reciprocity agreements
- ▶ Findings and recommendations due by December 15, 2021

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

- ▶ This act 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; and
 - ▶ 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.
- ▶ It requires 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 further extends existing reporting requirements pertaining to patients seeking mental health treatment in hospital settings.

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

- ▶ This act establishes the Health Equity Commission to promote health equity and eradicate health disparities among Vermonters, including particularly those who are Black, Indigenous, Persons of Color; individuals who are LGBTQ; and individuals with disabilities. Specifically, the Commission is responsible for:
 - ▶ providing strategic guidance on the development of the Office of Health Equity, which shall 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 the health of individuals who are Black, Indigenous, Persons of Color; individuals who are LGBTQ; and individuals with disabilities;
 - ▶ identifying and examining the limitations and problems associated with existing laws, rules, programs, and services related to the health status of individuals who are Black, Indigenous, Persons of Color; individuals who are LGBTQ; and individuals with disabilities;
 - ▶ advising the 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)

- ▶ This act also 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. The act further requires the Department of Health to analyze such health equity data using the smallest units of analysis feasible to detect racial and ethnic disparities as well as other disparities.
- ▶ The act amended the enabling statute creating the position of Executive Director of Racial Equity to include as part of the Executive Director's duties, temporarily overseeing the establishment of the Health Equity Advisory Commission until the Office of Health Equity is established.
- ▶ Lastly, the it 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
 - ▶ fiscal year 2023 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"
 - ▶ recommendations for most effectively using funds received by the State pursuant to the American Rescue Plan Act 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

- ▶ This act 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 physical and mental 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;
 - ▶ creating materials and information, including a list of qualified clinicians;
 - ▶ 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; and
 - ▶ consulting with federal, State, and municipal agencies, organizations, entities, and individuals in order to make any other recommendations the Commission deems appropriate.

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

- ▶ Requires AHS to provide coverage equivalent to coverage under Dr. Dynasaur to children and pregnant individuals who are not eligible for Dr. Dynasaur because of immigration status
- ▶ Coverage will become available beginning on July 1, 2022, subject to FY23 appropriations
- ▶ Specifies that same confidentiality provisions apply to new coverage as apply under Medicaid, except prohibits AHS from making information about applicants or enrollees available to federal government
- ▶ To extent applicable funds are appropriated in FY22 budget (\$1.4 million in one-time funds were appropriated), directs AHS to use them in FY22 for:
 - ▶ grants/reimbursements to health care providers for delivering services in FY2022 to children and pregnant individuals not eligible for Dr. Dynasaur because of immigration status;
 - ▶ grants to Vermont organizations for outreach and information to undocumented immigrant community and health care providers about opportunities for children and pregnant individuals not eligible for Dr. Dynasaur because of immigration status to access health care services at low or no cost during FY22 and after and about confidentiality of records; and
 - ▶ implementation of technological and operational processes needed to enable DVHA to administer Dr. Dynasaur-like coverage beginning on July 1, 2022
- ▶ Requires AHS to provide information in FY23 budget presentation on estimated FY23 costs⁸ of coverage

Act 50 (H.438): An act relating to capital construction and State bonding

(HHC did not have custody of this bill)

- Provides that the 16-bed secure residential recovery facility shall be located at the location of the former Woodside Juvenile Rehabilitation Center and shall:
 - include two eight-bed wings, designed with the capability to allow for separation of one wing from the main section of the facility, if necessary, and that neither wing include a locked seclusion area;
 - include outdoor space that is adequate for exercise and other activities; and
 - not use emergency involuntary procedures.
- Directs DMH to issue a request for information by August 1, 2021 from designated and specialized service agencies and peer-run agencies for developing and implementing programming for unlocked community residences that provide transitional support for individuals being discharged from inpatient psychiatric care or for intervention to prevent inpatient care. This act also directs DMH to convene a steering group to review the responses to the RFI.
- Repeals the authority of DAIL to adopt rules pertaining to the therapeutic community residences to allow secure residential recovery facilities to utilize emergency involuntary procedures.

Act 57 (S.3): An act relating to competency to stand trial and insanity as a defense

(HHC did not have custody of this bill)

- ▶ This act made several changes to criminal proceedings related to the insanity defense and a criminal defendant's competency to stand trial.
- ▶ Specifically, HHC involvement pertained to the requirements that:
 - ▶ DMH and DOC jointly submit to the General Assembly an inventory and evaluation of those mental health services provided by the entity that DOC contracts with for health care services; and
 - ▶ DMH convene the Forensic Care Working Group to report to the General Assembly on issues related to the mental health care treatment of criminal defendants.

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

- ▶ Requires health care practitioner who administers stem cell/stem cell-related products not approved by U.S. Food and Drug Administration (FDA) to provide patients with written notice before administering product to patient for first time
- ▶ Specifies content and format of notice; requires information on filing complaint with applicable licensing authority and making consumer inquiry
- ▶ Requires practitioner to prominently display written notice and consumer protection information at entrance and in area visible to patients in practitioner's office
- ▶ Requires practitioners to include notice in any advertisements relating to non-FDA-approved stem cell/stem cell-related products; addresses both print and nonprint forms of advertising
- ▶ Requires practitioners administering non-FDA-approved stem cell/stem cell-related products to have patient sign disclosure form prior to each administration of product, to keep copy of signed form, and to give copy for patient to take home
- ▶ Exempts from notice, advertising, and disclosure requirements practitioners:
 - ▶ with FDA approval for investigational new drug/device for use of stem cell/stem cell-related products
 - ▶ who administer products under contract with an institution certified by certain organizations
 - ▶ with determination from FDA that approval is not necessary for practitioner's specific usage
- ▶ Specifies that practitioner's failure to comply with notice, advertising, and disclosure requirements is unprofessional conduct under Board of Medical Practice and Office of Professional Regulation statutes

Act 74 (H.439): An act relating to making appropriations for the support of government

(Selected health provisions; HHC did not have custody of this bill)

- ▶ Creates Task Force on Affordable, Accessible Health Care to explore opportunities to make health care more affordable for Vermont residents and employers (Sec. E.126b)
- ▶ Directs DFR and stakeholders to review Vermont's benchmark plan establishing State's essential health benefits to assess whether appropriately aligned with Vermont's health care reform goals on population health and prevention and to determine whether to ask for federal approval to modify benchmark plan (Sec. E.227)
- ▶ Prohibits pharmacy benefit managers from engaging in certain practices with respect to pharmacies and the 340B Drug Pricing Program until January 1, 2023 (Secs. E.227.1, E.227.2)
- ▶ Requires DFR to report on national activity affecting participation in the 340B Drug Pricing Program (Sec. E.227.3)
- ▶ Authorizes AHS to seek to extend or renew Vermont's Global Commitment to Health Section 1115 Demonstration Waiver, which was to expire on December 31, 2021 (Sec. E.301.1)
- ▶ Directs AHS to distribute remaining \$1.5 million appropriated for strategic investments to increase supply of high-quality mental health and substance use disorder treatment professionals to the designated and specialized service agencies for loan repayment and tuition assistance (Sec. E.311)
- ▶ Revises Medical Student Incentive Scholarship Program at UVM College of Medicine (Sec. E.311.1)