

Upcoming reports relevant to the work of the Task Force on Affordable, Accessible Health Care

Prepared by Jennifer Carbee, Office of Legislative Counsel

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Report topic	Report Author	Date due	Source of report requirement
Prior authorization – clinical prior authorization requirements in Medicaid	Department of Vermont Health Access	September 30, 2021	2020 Acts and Resolves No. 140
Findings and recommendations of Facilitation of Interstate Practice Using Telehealth Working Group	Director of the Office of Professional Regulation	December 15, 2021	2021 Acts and Resolves No. 21
Updated health care workforce strategic plan	Director of Health Care Reform	December 1, 2021 (to GMCB by October 15, 2021)	2020 Acts and Resolves No. 155, dates amended by 2021 Acts and Resolves No. 74
Health Equity Advisory Commission (first) annual report	Health Equity Advisory Commission	January 15, 2022	2021 Acts and Resolves No. 33
Analysis of health equity data collected across State government (first) annual report	Department of Health	January 15, 2022	2021 Acts and Resolves No. 33
Prior authorization – ways to increase use of tools in EHRs to complete requests for imaging/pharmacy	Department of Financial Regulation	January 15, 2022	2020 Acts and Resolves No. 140
Prior authorization – opportunities for/obstacles to aligning/reducing requirements under All-Payer ACO model	Green Mountain Care Board	January 15, 2022	2020 Acts and Resolves No. 140
Benchmark plan review, including impacts of adding coverage for certain services and of requiring at least two primary care visits annually without cost-sharing	Department of Financial Regulation	January 15, 2022	2021 Acts and Resolves No. 74
Continuing education for health care providers to improve cultural competency, cultural humility, and antiracism in Vermont health care system	Health Equity Advisory Commission	October 1, 2022	2021 Acts and Resolves No. 33
Prior authorization – “gold carding” pilot program	Health insurers with >1,000 Vermont lives	January 15, 2023	2020 Acts and Resolves No. 140