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This act summary is provided for the convenience of the public and members of the General Assembly. It is intended to provide a general summary of the act and may not be exhaustive. It has been prepared by the staff of the Office of Legislative Counsel without input from members of the General Assembly. It is not intended to aid in the interpretation of legislation or to serve as a source of legislative intent.

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**Act No. 51 (H. 206). An act relating to miscellaneous changes affecting the duties of the Department of Vermont Health Access**

**Subjects: Medicaid; health; prior authorization; Department of Vermont Health Access; dental services; third-party insurers; Vermont Prescription Monitoring System**

This act adjusts Medicaid coverage for adult dental services, modifies prior authorization requirements when Medicaid is seeking reimbursement from a third-party insurer, adds the designee of the Medical Director of the Department of Vermont Health Access as a person who may access the Vermont Prescription Monitoring System, and requires the Department of Vermont Health Access to collaborate with representatives of Vermont's federally qualified health centers (FQHCs) on an alternative payment methodology for Medicaid payments to FQHCs. This act also requires the Director of Health Care Reform to submit a recommendation to legislative committees of jurisdiction regarding funding for the Blueprint for Health; repeals a prospective repeal (sunset) of certain prohibitions on pharmacy benefit managers; modifies the hospital lien statute to include new requirements, exclusions, and limits; and adds a new report requirement for the Agency of Human Services regarding transformation planning for a number of Vermont hospitals.

Effective Date: Multiple effective dates, beginning on July 1, 2023