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H.12

Introduced by Representatives Bluemle of Burlington and Goldman of
Rockingham

Referred to Committee on

Date:

Subject: Health; nutrition; blenderized tube feeding

Statement of purpose of bill as introduced: This bill proposes to establish a
study committee to explore the benefits of and address barriers to blenderized
tube feeding.

An act relating to addressing barriers to blenderized tube feeding

It is hereby enacted by the General Assembly of the State of Vermont:

Sec. 1. BLENDERIZED TUBE FEEDING STUDY COMMITTEE; REPORT

(a) Creation. There is created the Blenderized Tube Feeding Study
Committee to explore the benefits of and recommend ways to reduce barriers
to blenderized tube feeding, which is the use of blended foods and liquids
given directly through a feeding tube.

(b) Membership. The Committee shall be composed of the following
members:

(1) the Commissioner of Health or designee;

(2) the Commissioner for Children and Families or designee;

1 (3) a representative of the Agency of Agriculture, Food and Markets
2 with expertise in access to fresh foods or farmers markets, or both, appointed
3 by the Secretary of Agriculture, Food and Markets;

4 (4) a caregiver who currently administers blenderized tube feeding,
5 appointed by the Vermont Family Network;

6 (5) a pediatric gastroenterologist who is familiar with both blenderized
7 tube feeding and commercial enteral nutrition products, appointed by the
8 Vermont Medical Society; and

9 (6) a dietitian certified pursuant to 26 V.S.A. chapter 73 whose practice
10 includes working with children who are tube fed, appointed by the Vermont
11 Academy of Nutrition and Dietetics in consultation with the Office of
12 Professional Regulation’s dietitian advisors.

13 (c) Powers and duties. The Committee shall study issues related to
14 blenderized tube feeding, including the following:

15 (1) evaluating the benefits, challenges, costs, and barriers to blenderized
16 tube feeding, especially for children, including:

17 (A) the impact of blenderized tube feeding on feeding intolerance,
18 such as gagging, vomiting, and acid reflux;

19 (B) the impact of blenderized tube feeding on patients’ needs for
20 medications, such as laxatives and stomach acid blockers;

1 (C) the impact of blenderized tube feeding on patients' overall health,
2 including on the need for hospitalization, as well as on patient and family well-
3 being and quality of life;

4 (D) the costs associated with procuring fresh food and a high-quality
5 blender to use for blenderized tube feeding;

6 (E) the availability of health insurance coverage for fresh food and a
7 high-quality blender compared with the coverage provided for commercial
8 enteral nutrition products; and

9 (F) the extent to which health care professionals are aware of the
10 benefits of blenderized tube feeding and have the time and ability to educate
11 and support families in utilizing it; and

12 (2) identifying changes in policy or practice, or both, that would be
13 necessary to expand access to blenderized tube feeding to more patients,
14 including children, who would benefit from it.

15 (d) Assistance. The Committee shall have the administrative, technical,
16 and legal assistance of the Department of Health.

17 (e) Report. On or before January 15, 2026, the Committee shall report to
18 the House Committees on Health Care and on Human Services and the Senate
19 Committee on Health and Welfare with its findings and any recommendations
20 for legislative action.

21 (f) Meetings.

1 (1) The Commissioner of Health or designee shall be the chair and shall
2 call the first meeting of the Committee to occur on or before July 1, 2025.

3 (2) A majority of the membership shall constitute a quorum.

4 (3) The Committee shall cease to exist on January 15, 2026.

5 (g) Compensation and reimbursement. Members of the Committee shall be
6 entitled to per diem compensation and reimbursement of expenses as permitted
7 under 32 V.S.A. § 1010 for not more than five meetings. These payments shall
8 be made from monies appropriated to the Department of Health.

9 Sec. 2. EFFECTIVE DATE

10 This act shall take effect on passage.