

2026 DVHA Technical Bill

Alex McCracken (she/her)

Director of Communications and Legislative Affairs,

Department of Vermont Health Access

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Overview

- Walkthrough of Technical Items
- Why these changes?
- Questions and Discussion

DVHA H.611 Items

Section 1: Repealing unnecessary pharmacy reporting requirement

- **Issue being addressed:** Current statute requires DVHA pharmacy to annually construct two lists of drugs experiencing larger than normal price increases. Pharmacy has indicated this is an unnecessary administrative burden. These lists are given to the Attorney General's Office for their drug transparency reporting. The [most recent report](#) concluded that the process of preparing the report is too challenging to provide any useful information, and that the information supplied by DVHA is unhelpful because DVHA is federally prohibited from sharing drug specific net-cost information.
- **Proposed solution:** DVHA recommends repeal or sunset of either the statutory requirement for DVHA to provide information to the AGO, or the requirement for the AGO's annual report itself.

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Section 2: Technical Updates to the MEAC

Issue being addressed: The federal government promulgated rules (CMS-2442-F) that change a state's obligations around Medicaid Advisory Committees. Vermont's statute should be updated to reflect these federal changes while preserving Vermont's unique structure of a combined Medicaid and Exchange Advisory Committee.

Proposed solution: Alignment between state statute with new federal rules. Technical revisions are needed regarding term limits, committee membership, and the existence of the new sister Beneficiary Advisory Committee.

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Section 3: Definition of Reflective Health Plans

- **Issue being addressed:** When Vermont passed Act 2 (2025), it separated (“unmerged”) the individual and small group health insurance markets. However, there should have been a technical fix that removed references to “reflective plans.” Now that the small group market is separate from the individual market, small employers and their employees don’t need reflective plans since small group coverage doesn’t offer federal subsidies, and the “loaded premium” issue only affects individual market plans sold on the exchange.
- **Proposed solution:** Update reflective plan definition to clarify they are for the individual market only.

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Section 4: Change to CURB Membership Requirements

- **Issue being addressed:** DVHA's Clinical Utilization Review Board (CURB) is an advisory body of medical professionals which provides recommendations and clinical insight to DVHA leadership. Currently, the CURB is looking for ways to increase membership and participation, but it is statutorily set at a ten-member body. The concern from the CURB is that the current language creates barriers to members serving staggered terms, and amending will allow more members to participate, with a greater opportunity for diverse provider and geographic representation.
- **Proposed solution:** CURB leadership proposes amending current statutory language to create flexibility around the number of board members. This will allow DVHA to recruit more than the current specified ten CURB members. Creating this flexibility allows members to serve staggered terms that would support more robust CURB participation, allow for greater diversity in professional and clinical expertise, strengthen the ability of the CURB to fulfill its charter, and enhance the value it provides to DVHA and Vermont Medicaid beneficiaries.

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Section 5: Increasing Burial Fund Limits

- **Issue being addressed:** Certain funds set aside to cover future burial costs can be excluded from Medicaid financial eligibility. DVHA has been approached by interested parties including the Vermont Funeral Directors Association about increasing the burial fund exclusion amount which has not been increased since 2002. The State has authority to update its Medicaid State Plan and make this change without legislation; however, the current exclusion amount was put in place in response to a legislative directive in Act 142 (2002).
- **Proposed solution:** DVHA proposes to increase the burial funds exclusion for purposes of Medicaid eligibility while incorporating guardrails to ensure the expected use of these funds. Specifically, DVHA would increase the \$10,000 cap on irrevocable prepaid burial arrangements to \$15,000 and implement use of a Medicaid payback requirement in the agreement with the funeral home to the extent the funds are not fully utilized. The current \$10,000 cap would continue to apply to other burial fund arrangements such as designated savings accounts.

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Section 6: Delay Medicaid Coverage of Doula Services

- **Issue being addressed:** Act 50 (2025) requires AHS to begin pursuing a State Plan Amendment (SPA) for doula coverage by July '26. DVHA supports covering doulas, but the department has significant concerns regarding CMS approval for coverage, and the potential for federal scrutiny.
- **Proposed solution:** Proposal to push back the date to seek SPA to July '28 to create more runway to properly fund and implement. DVHA has also been made aware that OPR will also seek to extend their timeline. DVHA is currently engaged with OPR, VDH, and external stakeholders and advocates in a doula services working group to keep this process moving.

Contact

Alex.McCracken@vermont.gov