

Presentation to the Vermont House Human Services Committee

April 3, 2025

Re: H.58 – Adding Play Therapy as a Reimbursable Medicaid Modality

Good morning, I am Joshua Dobrovich. I'm here to urge you to take up H.58, a bill that addresses a critical gap in Vermont Medicaid coverage by making play therapy a reimbursable modality. This is about fairness, access to care, and better outcomes for Vermonters—especially our kids and families who need it most.

Right now, therapists across our state are forgoing the use of or being penalized for using play therapy, a proven tool to help children and adults process trauma, build coping skills, and express emotions when words fail. A recent DVHA audit flagged providers for using play therapy as an intervention, claiming it's not covered under Vermont Medicaid. The response? A vague manual saying play can be a tool if it's tied to evidence-based approaches like CBT or family therapy—but only with meticulous documentation of how much of the session was devoted to play therapy, and only billing for the amount of time play therapy was not used in the session. For an example, if play therapy was used for 30 minutes of a 60-minute session, the therapist could only bill for the 30 minutes of non-play therapy. Therapists are left guessing what actually “meets this criteria,” and ultimately patients lose out when providers avoid this approach altogether for fear of significant consequences, such as monetary clawbacks.

Here's why this matters: Play therapy works. For kids, it's a lifeline—helping them navigate anxiety, grief, trauma, and developmental challenges like ADHD and autism. For adults, it can unlock healing from trauma and reduces stress. Studies show it builds emotional regulation, problem-solving, and social skills—outcomes that save us money downstream by reducing crises and long-term care needs. Denying coverage isn't just shortsighted; it's punishing providers for doing what's right for their patients.

H-58 fixes this. It adds play therapy to the Health Care Administrative Rules as a reimbursable service under Medicaid, plain and simple. It's a one-page bill with a big impact: more Vermonters get the care they need, and our therapists can practice without fear of audits clawing back their pay. The fiscal note is modest—play therapy is already in use; we're just making it official and accessible.

Before I close, two quick corrections to strengthen the bill:

1. The line about “an eligible play therapy credential” needs tweaking—clinicians can be trained in the utilization of play therapy without being Registered Play Therapists. We should revise it to focus on qualified clinicians and their rostered supervisees, which leads to my second point.

2. We need to specify that clinicians must be enrolled with Medicaid to bill for this. It's a simple fix to ensure accountability and alignment with existing rules.

Committee members, this bill came from a real problem: therapists caught in a gray area, patients denied a tool that works. H.58 is our chance to clarify coverage, support evidence-based care, and stand up for Vermonters who deserve better. I ask you to take it up and move it forward.