

H.611: DVHA Housekeeping Bill for 2026

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Overview

- Walkthrough of Housekeeping 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. DVHA 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 information supplied by DVHA is unhelpful because DVHA is federally prohibited from sharing drug-specific net-cost information.
- **Proposed solution:** H.611 repeals the statutory requirement for DVHA to provide annual reporting data to the AGO.

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Section 2: Repealing 340B discrimination language

- This section removes language which was added to statute last year (H.266/Act 55) regarding the prohibition of discrimination against 340B entities. This was added by the House. DVHA has no issue with repealing this language.

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Section 3: 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: DVHA's proposed language changes create alignment between state statute and new federal rules. These changes concern term limits, committee membership, and the existence of the new sister Beneficiary Advisory Committee.

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Section 4: 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 the reflective plan definition to clarify that they are for the individual market only.

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Section 5: Change to CURB Membership Requirements

- **Issue being addressed:** DVHA's Clinical Utilization Review Board (CURB) wants to increase membership and participation, but it is currently statutorily capped at a ten-member body, creating barriers to members serving staggered terms.
- **Proposed solution:** CURB leadership proposes amending current statutory language to create flexibility around the number of board 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 6: Removing MAGI methodology from VPharm statute

- **Issue being addressed:** Current statute refers to MAGI (Medicaid Adjusted Gross Income) methodology for calculating eligibility for the VPharm prescription assistance program. Historically, and currently, MAGI is not used for the purposes of VPharm eligibility.
- **Proposed solution:** DVHA recommends removing the language referencing MAGI in current VPharm eligibility statute.

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Section 7: Burial Fund Limits

- **Issue being addressed:** Certain funds set aside to cover future burial costs can be excluded from Medicaid financial eligibility. The current exclusion limit was put in place by legislative directive in 2002 and has not been updated since.
- **Proposed solution:** H.611 would increase the \$10,000 cap on irrevocable prepaid burial arrangements to \$15,000 and implement the use of a Medicaid payback requirement in the agreement with funeral homes 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. DVHA consulted with OPR and the Vermont Funeral Directors' Association on this recommendation.

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Section 8: 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 '27 to create more runway to properly fund and implement. DVHA understands that OPR is also delaying its timeline to match. DVHA has been engaged with OPR, VDH, and external stakeholders and advocates in a doula services working group.

Contact

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