**Green Mountain Care Board**
**2022 Legislative Session Bill Tracking**

H.266 (Act 108) – An act relating to health insurance coverage for hearing aids

- Sec. 1: Purpose of the bill; General Assembly recognizes negative health outcomes associated with untreated hearing loss (cognitive decline, dementia, social isolation, depression). All Vermonters should have access to hearing aids and related services and ensure continued coverage of hearing aids and services in Vermont Medicaid and require coverage in large group health insurance plans. Also notes GMCB approved DVHA recommendation to add coverage to benchmark plan for one hearing aid per ear every 3 years and an annual exam. DVHA is pursuing a change for hearing aids and exams to begin in the individual and small group markets January 2024.
- Sec. 2: Directs DVHA and DFR to provide an update to HROC regarding the State's application to the federal agencies to modify the essential health benefits in the benchmark plan on or before November 1, 2022.
- Sec. 3: Medicaid coverage for medically necessary hearing aids and audiology services when delivered by a health care professional within the scope of the professional's license.
- Sec. 4: Outlines coverage requirement for hearing aids and related services for large group plans
- Sec. 5: Takes effect on passage, except Sec. 4 to take effect January 1, 2024, and apply to all plans issued on or after January 1, 2024, when insurer offers, issues, or renews the health insurance plan.

H.287 (Act 119) – An act relating to patient financial assistance policies and medical debt protection

- Sec. 1: Added language to 18 V.S.A. chapter 221, subchapter 10 to include definitions related to patient financial assistance policies.
- § 9482 Financial Assistance Policies for Large Health Care Facilities
  - Added to direct large health care facilities to develop a written financial assistance policy that, at a minimum, complies with the provisions of this subchapter and any applicable federal requirements.
  - Policy shall apply to all emergency and other medically necessary health care services that the large facility offers; and provide discounted care to VT residents and to individuals who live in Vermont at the time services are delivered but who lack stable permanent housing.
  - Outlines qualifications for free or discounted care based on % of FPL (ex: for an uninsured patient with household income at or below 250% of the FPL, a 100% discount from the amount generally billed for the services received, resulting in free care).
  - Policy must also include eligibility criteria, basis for calculating amounts charged to patients, billing & collections policy, appeals process, and more.
- § 9483 Implementation of Financial Assistance Policy
  - Facility must take steps before seeking payment, including determining whether the patient has health insurance or other coverage for the services, offer to provide patients with information on how to apply for public programs that may assist health care costs if uninsured, and offer how to provide the patient with information on how to apply for health insurance and private programs that may assist with costs.
- § 9483 Public Education and Information
  - Health care facilities must publicize financial assistance policies widely (easily accessible online, provide paper copies at no charge, provide written and oral translations upon

request, notify members of the community served by the facility of the policy, and more).

- § 9485 Prohibition on Sale of Medical Debt
  - No facility shall sell its medical debt
- § 9487 Enforcement
  - Office of the Attorney General has authority to make rules, conduct civil investigations, enter into assurances of discontinuance, and bring civil actions for violations
- Sec. 2: Each hospital shall submit a plain language summary of its financial assistance policy to the GMCB during the hospital FY 2025 budget review process.
- Sec. 3: Bill effective July 1, 2022, with facilities in compliance no later than July 1, 2024.

H.353 (Act 131) – An act relating to pharmacy benefit management

- Sec. 1: Outlines intent to increase access to needed medications by making prescription drugs more affordable and accessible by increasing State regulation of pharmacy benefit managers and pharmacy benefit management.
- Sec. 1a: 18 V.S.A. § 9421 is amended to direct DFR to monitor cost impacts on VT consumers of pharmacy benefit manager regulation and recommend appropriate modifications to the laws as needed to promote health care affordability.
- Sec. 2: List of related definitions
- § 9472 Pharmacy Benefit Managers; Required Practices with Respect to Health Insurers and Covered Persons:
  - Amends Vermont PBM language to include protections for covered persons, including that a pharmacy benefit manager shall not require a covered person purchasing a covered prescription drug to pay an amount greater than the lesser of:
    - (A) the cost-sharing amount under the terms of the health benefit plan;
    - (B) the maximum allowable cost for the drug; or
    - (C) the amount the covered person would pay for the drug if the covered person were paying the cash price.
- § 9473 Pharmacy Benefit Managers; Required Practices with Respect to Pharmacies
  - Added language for required practices, including that a PBM or other entity paying pharmacy claims cannot prohibit a pharmacy or pharmacist from discussing information regarding the total cost for pharmacist services for a prescription drug.
  - PBMs or other entities that reimburse for 340B drugs cannot reimburse the 340B covered entity for pharmacy-dispensed drugs at a rate lower than that paid for the same drug to pharmacies that are not 340B covered entities.
  - In respect to patients eligible for 340B, PBMs cannot discriminate against 340B covered entities that interferes with patient choice
  - PBMs cannot reimburse a pharmacy or pharmacist less than the amount the PBM reimburses a PBM affiliate for the same services.
- Sec. 3: Pharmacy Rights During an Audit
- Sec. 4: Retail Pharmacies; Filling of Prescriptions
  - Rules around mail-order pharmacy, including PBMs cannot require covered individuals, as condition of payment or reimbursement, to purchase pharmacist services, including prescription drugs through a mail-order pharmacy, or offer or implement plan designs that require a covered individual to use main-order pharmacy or affiliate, and more.
- Sec. 5 DFR; Pharmacy Benefit Report

    - DFR shall consider a list of items relating to PBM licensing, spread pricing, how a pharmacy should be reimbursed for a claim if a PBM denies a pharmacy's appeal, and more.

H.489 (Act 137) – An act relating to miscellaneous provisions affecting health insurance regulation

- No Surprises Act language (compliance with federal law, provider outreach)
- Sec. 9: Separates individual and small group health insurance markets for plan year 2023
- Sec. 10: DFR, in consultation with the GMCB, to convene a working group to identify options for, consider the advantages/disadvantages of, and develop recommendations regarding maintaining separate individual and small group health insurance markets in future plan years in a manner that reduces premiums in the small group market without increasing costs in the individual market. The workgroup findings are due to the heath care committees on or before January 15, 2023.

Act 85 (H.654) – An act relating to extending COVID-19 flexibilities

- Extends through March 31, 2023, certain COVID-19-related health care regulatory flexibility provisions first enacted in Act 91 of 2020 and previously extended by Act 140 of 2020 and Act 6 of 2021, including GMCB processes (Sec. 5).
- Sec. 5: Directs Board to consider the hospital's labor costs and investments and impacts on them on the affordability of health care as part of any proceeding conducted on or after February 1, 2022, for a hospitals' FY 2022 or 2023 budget.
- Creates registration process to allow out-of-state health care professionals to deliver care to patients in Vermont using telehealth from April 1, 2022, through June 30, 2023.

Act 107 (H.655) – An act relating to establishing a telehealth licensure and registration system

- Creates telehealth licensure and registration system that allows a health care professional who is not otherwise licensed, certified, or registered in Vermont but is in good standing in any other US jurisdiction to obtain a telehealth license from OPR or Board of Medical Practice to provide services in Vermont. Includes rules around licensing as well.

S.11 – An act relating to economic and workforce development

- Sec. 19: Health Care Workforce; Legislative Intent
- Sec. 20: Emergency Grants to Support Nurse Educators
    - $2.0 million in ARPA SFR dollars to the Department of Health in FY 2023 to provide emergency interim grants to Vermont nursing schools. This is a three-year appropriation that allocates $1 million in FY 2023, and $1 million in FY 2024.
- Sec. 21: Nurse Preceptor Incentive Grants; Hospitals; Working Group; Report
    - $0.4 million in General Fund dollars to the Agency of Human Services in FY 2023 to provide incentive grants to hospital-employed nurses in Vermont to serve as preceptors for students enrolled in Vermont nursing school programs.
    - The Director of Health Care Reform will convene a working group to identify ways to increase placement opportunities and provide a report based on those findings.
- Sec. 22: Health Care Employer Nursing Pipeline and Apprenticeship Program
    - $2.5 million in ARPA SFR dollars to VSAC in FY 2023 to provide grants to health care employers to establish or expand partnerships with Vermont nursing schools to create nursing pipeline or apprenticeship programs.
- Sec. 25: Vermont Nursing Forgivable Loan Incentive Program

  - $100,000 to the Department of Health in FY 2023 to establish a Vermont Nursing Forgivable Loan Program, which provides scholarships for nursing students. Recipients agree to work as a nurse in Vermont for a minimum of one year.
- Sec. 27: Vermont Nursing and Physician Assistant Loan Repayment Program
  - $2.5 million in General Fund dollars to the Department of Health in FY 2023 to establish and administer a loan repayment program for nurses and physician assistants in coordination with VSAC. The amount is one year of loans for every year of service as a nurse or physician assistant in the state.
- Sec. 29: Nurse Faculty Forgivable Loan Program
  - $500,000 in ARPA SFR dollars to the Department of Health in FY 2023 to create and administer a program to offer forgivable loans to nurse faculty members at a nursing school in Vermont. For each year of service as a nurse faculty member at a nursing school in Vermont, an eligible individual receives a full academic year of forgivable loan benefit.
- Sec. 29b: Nurse Faculty Loan Repayment Program
  - $500,000 in ARPA SFR dollars to the Department of Health in FY 2023 to provide loan repayment on behalf of eligible nurse faculty members. The amount recipients can receive is equal to the value of one academic year of loans for every year of service as a member of the nurse faculty at a nursing school in Vermont.
- Sec. 29d: Vermont Mental Health Professional Forgivable Loan Incentive Program
  - $1.5 million in ARPA SFR dollars to the Department of Health in FY 2023 to provide forgivable loans to eligible mental health professionals. Students enrolled in a master's program at an eligible school who commit to working as a mental health professional in Vermont.
- Sec. 29e: Agency of Human Services; Designated and Specialized Service Agencies; Workforce Development
  - $1.25 million in ARPA SFR dollars to the Agency of Human Services in FY 2023 to be distributed to the designated and specialized services agencies. The agencies will use these funds for loan repayment and tuition assistance to for recruitment and retention of high-quality mental health and substance use disorder treatment professionals.
- Sec. 30: Amends 18 V.S.A. § 9456 directing the GMCB to review hospital's investments in workforce development initiatives, including nursing workforce pipeline collaborations with nursing schools and compensation and other support for nurse preceptors; and consider the salaries for the hospital's executive and clinical leadership and the hospital's salary spread, including a comparison of median salaries to the medians of northern New England states in hospital budget review process.
- Sec 31: GMCB; FY 2023; Hospital Budget Review; Nursing Workforce Development Initiatives
  - GMCB may exclude all or portion of a hospital's investments in nursing workforce development initiatives from and otherwise applicable financial limitation ton the hospital's budget or budget growth. Board may also modify its hospital budget guidance for FY 2023 as needed.
- Sec. 32: Agency of Human Services; Health Care Workforce Data Center
  - $750,000 in ARPA SFR dollars to the Office of Health Care Reform in the Agency of Human Services in FY 2023 to establish and operate the statewide Health Care Workforce Data Center. Includes one permanent classified Health Care Workforce Data Center Manager position in the Agency of Human Services, Office of Health Care Reform

for fiscal year 2023 to manage the Health Care Workforce Data Center created pursuant to this section.

- Sec. 34: Agency of Human Services; Position
    - $170,000 in General Fund dollars in FY 2023 to the Agency of Human Services, Office of Health Care Reform for one classified, three-year limited-service position as Health Care Workforce Coordinator at AHS. The coordinator will focus on building educational, clinical, and housing partnerships and support structures to increase and improve health care workforce training, recruitment, and retention.

S.285 – An act relating to health care reform initiatives, data collection, and access to home- and community-based services

- Sec. 1: Development of Proposal for Subsequent All-Payer Model Agreement
    - Director of Health Care Reform, in collaboration with GMCB, shall develop a proposal for a subsequent agreement with the Center for Medicare and Medicaid Innovation to secure Medicare's sustained participation in multi-payer alternative payment models in Vermont and includes a list of considerations.
    - Development of proposal must include consideration of alternative payment and delivery system approaches for hospital services and community-based providers such as primary care providers, mental health providers, substance use disorder treatment providers, skilled nursing facilities, home health agencies, and providers of long-term services and supports. The alternative payment models to be explored includes list of requirements.
    - Director of Health Care Reform, in collaboration with the GMCB, shall ensure that the process for developing the proposal includes opportunities for meaningful participation by the full continuum of health care and social service providers, payers, participants in the health care system, and other interested stakeholders in all stages of the proposal's development.
    - GMCB shall collaborate with AHS and stakeholders to build on successful health care delivery system reform efforts by developing value-based payments, including global payments, from all payers to Vermont hospitals or accountable care organizations, or both. Must also determine how best to incorporate value-based payments, recommend a methodology for determining the allowable rate of growth in Vermont hospital budgets, and consider the appropriate role of global budgets for Vermont hospitals.
    - On or before January 15, 2023, the Director of Health Care Reform and the Green Mountain Care Board shall each report on their activities pursuant to this section to the House Committees on Health Care and on Human Services and the Senate Committees on Health and Welfare and on Finance.
    - On or before March 15, 2023, the Director of Health Care Reform shall provide an update to the House Committees on Health Care and on Human Services and the Senate Committees on Health and Welfare and on Finance regarding the Agency's stakeholder engagement process.
- Sec. 2: Hospital System Transformation; Engagement Process; Report
    - GMCB, in collaboration with the Director of Health Care Reform in the Agency of Human Services, shall develop and conduct a data-informed, patient-focused, community-inclusive engagement process for Vermont's hospitals to reduce inefficiencies, lower costs, improve population health outcomes, reduce health inequities, and increase access to essential services while maintaining sufficient capacity for emergency management.

    - Outlines requirements for engagement process, including that it is conducted by the Director of Health Care Reform.
    - On or before January 15, 2023, the Green Mountain Care Board shall provide an update on the community engagement process established in this section to the House Committees on Health Care and on Human Services and the Senate Committees on Health and Welfare and on Finance
- Sec. 3: Payment Delivery and System Reform; Appropriations
    - $900,000.00 is appropriated from the General Fund to the Agency of Human Services in fiscal year 2023 to support the work of the Director of Health Care Reform.
    - $4,100,000.00 is appropriated from the General Fund to the Green Mountain Care Board in fiscal year 2023 to support the work of the Board.
- Sec. 4: Health Information Exchange Steering Committee
    - HIE Steering Committee to include a data integration strategy in the HIE Strategic Plan to merge claims and clinical data
- Sec. 5: Health Care Database (VHCURES) - 18 V.S.A. § 9410
    - Existing law limits ability to analyze clinical data and claims together, resulting in potentially duplicative data collection and limiting use for delivery system reform. This change allows GMCB to bring the data together at a patient level to better carry out the purposes of the statute. **Patient protections remain and personal information would not be disclosed consistent with current law**. This proposed change allows for the process used by many states with newer all-payer claims databases, and this is how the GMCB currently collects Medicare data.
- Sec. 6 – 7: Blueprint for Health
- Sec. 8: Options for Extending Moderate Needs Supports
- Sec. 9: Summaries of GMCB Reports
- Sec. 10: Medicaid Reimbursement Rates for Primary Care at 100% of Medicare FY 2024
    - In FY 2024 budget proposal, the Department of Vermont Health Access shall either provide reimbursement rates for Medicaid participating providers for primary care services at rates that are equal to 100% of the Medicare rates for the services or, in accordance with 32 V.S.A. § 307(d)(6), provide information on the additional amounts that would be necessary to achieve full reimbursement parity for primary care services with the Medicare rates.
- Sec. 11: DFR; GMCB; Prior Authorizations; Administrative Cost Reduction; Report
    - DFR shall explore the feasibility of requiring health insurers and their prior authorization vendors to access clinical data from the VHIE whenever possible to support prior authorization requests in situations in which a request cannot be automatically approved.
    - DFR shall direct health insurers to provide prior authorization information in a format required by the Department in order to enable DFR to analyze opportunities to align and streamline prior authorization request processes. DFR to share its findings and recommendations with the GMCB, and the Department and the Board shall collaborate to provide recommendations the legislature on or before January 15, 2023, regarding the statutory changes necessary to align and streamline prior authorization processes and requirements across health insurers.