

2022 Legislative Session

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Legislative Bills



House Bills

Act 85 (H.654)	An act relating to extending COVID-19 flexibilities
Act 108 (H.266)	An act relating to health insurance coverage for hearing aids
Act 107 (H.655)	An act relating to establishing a telehealth licensure and registration system
Act 119 (H.287)	An act relating to patient financial assistance policies and medical debt protection
Act 131 (H.353)	An act relating to pharmacy benefit management
Act 137 (H.489)	An act relating to miscellaneous provisions affecting health insurance regulation

Senate Bills

Act 183 (S.11)	An act relating to economic and workforce development
Act 167 (S.285)	An act relating to health care reform initiatives, data collection, and access to home- and community-based services

Act 85: Extending COVID-19 Flexibilities



- Extends certain COVID-19-related health care regulatory flexibility provisions through March 31, 2023. These flexibilities were first enacted in Act 91 of 2020 and previously extended by Act 140 of 2020 and Act 6 of 2021.
 - Includes Board's regulatory processes (hospital budget review, health insurance rate review, certificates of need, and ACO certification and budget review).
- Directs Board to consider the hospital's labor costs and investments, as well as the impacts of those costs and investments on the affordability of health care.
 - Relates to any proceeding conducted on or after February 1, 2022, to establish or enforce a hospital's 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 108: Coverage for Hearing Aids

- Background
 - March of 2022, GMCB approved the recommendation from the Department of Vermont Health Access (DVHA) to add coverage to VT's essential health benefit (EHB) benchmark plan for 1 hearing aid per ear every 3 years and an annual exam starting 2024.
- Expanding Coverage of Hearing Aids
 - Directs DVHA and Department of Financial Regulation (DFR) to provide an update to the Health Reform Oversight Committee (HROC) regarding the State's application to the federal agencies to modify the EHBs in the benchmark plan on or before November 1, 2022.
 - Ensures Medicaid continues coverage for medically necessary hearing aids and audiology services.
 - Outlines coverage requirement for hearing aids and related services for large group plans (takes effect January 1, 2024).

Act 107: Telehealth Licensure Registration System



- Creates Telehealth Licensure & Registration System
 - 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 or registration to provide services to a patient located in Vermont using telehealth.
 - Licenses administered from the Office of Professional Regulation or the Board of Medical Practice.
 - Outlines the number of patients a health care professional is allowed to deliver care to during license terms.
- Health care professional continues to have the option to pursue a full license to practice.

Act 119: Patient Financial Policies & Medical Debt Protection



- Financial Assistance Policy

- Large health care facilities must develop a written financial assistance policy that, at a minimum, complies with the provisions outlined in the bill and any applicable federal requirements.
- Policy must 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.
- Qualifications for free or discounted care based on household income at or below a percentage of FPL.

- Implementation

- Facility must take steps before seeking payment, including:
 - Determining whether the patient has health insurance or other coverage,
 - Provide patients with information on how to apply for public programs if uninsured, and how to apply for health insurance and private programs.

Act 119: Patient Financial Policies & Medical Debt Protection (cont.)



- 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).
- 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.
- Each hospital shall submit a plain language summary of its financial assistance policy to the GMCB during the hospital FY 2025 budget review process.
- Prohibits sale of medical debt.
- Facilities must comply no later than July 1, 2024.

Act 131: Pharmacy Benefit Management



- Department of Financial Regulation
 - Monitor the cost impacts of PBM regulation and recommend changes as needed to promote health care affordability.
 - Consider issues including PBM licensure, spread pricing, pharmacist dispensing fees, and, with the Board of Pharmacy, issues regarding pharmacist scope of practice. DFR's findings and recommendations are due by January 15, 2023.
- PBMs Prohibited From:
 - Restricting the information pharmacies and pharmacists can provide to DFR, law enforcement, or State or federal government officials.
 - Discriminating against 340B covered entities and extends an existing prohibition on PBMs imposing certain requirements on pharmacies related to 340B drugs.
 - Reimbursing pharmacies and pharmacists in Vermont less than they would reimburse PBM affiliates for the same services.
 - Requiring covered persons to use mail-order pharmacies or PBM affiliates or from increasing out-of-pocket costs when a covered person does not use mail-order pharmacy or PBM affiliate.

Act 131: Pharmacy Benefit Management (cont.)



- Gag Clause
 - Expands prohibitions on “gag clauses” in PBM contracts with pharmacies and pharmacists.
- PBM Audit
 - Provides additional rights to pharmacies during a PBM audit.
- White & Brown Bagging
 - Prohibits health insurers & PBMs from requiring that a pharmacy dispense a medication directly to a patient for the patient to bring to the provider’s office to be administered there (brown bagging), or that a pharmacy dispense a medication directly to a provider’s office to be administered to the patient in the provider’s office (white bagging).

Act 137: Misc. Provisions Affecting Health Insurance Regulation



- No Surprises Act
 - Requires health insurers and health care providers to comply with the requirements of the federal No Surprises Act and directs DFR to enforce those requirements and to collaborate with other stakeholders to inform health care providers of their responsibilities under the federal Act.
 - DFR may refer cases of noncompliance to the federal government or to the Office of the Vermont Attorney General.
- Individual & Small Group Markets
 - Unmerged individual and small group health insurance markets continue for plan year 2023.
 - DFR, in consultation with GMCB, to convene a working group to look into maintaining separate (unmerged) markets in a manner that reduces premiums in the small group market without increasing costs in the individual market. Findings and recommendations are due to the legislature on or before January 15, 2023.

Act 183: Economic and Workforce Development

- Emergency Grants to Nurse Educators
 - \$2 million in ARPA dollars to the Department of Health in FY23 to provide emergency interim grants to Vermont nursing schools over 3 years, with equal amounts distributed in FY 2023, 2024, and 2025.
- Nurse Preceptor Grants & Report
 - \$400,000 in General Fund dollars to the Agency of Human Services (AHS) in FY23 to provide incentive grants to hospital-employed nurses in Vermont to serve as preceptors for students enrolled in Vermont nursing school programs.
 - Director of Health Care Reform to convene a working group to identify ways to increase placement opportunities and provide a report based on those findings.
- Health Care Employer Nursing Pipeline
 - \$2.5 million in ARPA dollars to the Vermont Student Assistance Corp. (VSAC) in FY23 to provide grants to health care employers to establish or expand partnerships with Vermont nursing schools to create nursing pipeline or apprenticeship programs.

Act 183: Economic and Workforce Development (cont.)



- Nursing Forgivable Loan Program
 - \$100,000 to the Department of Health in FY23 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.
- Nursing & Physician Assistant Loan Repayment
 - \$2.5 million in General Fund dollars to the Department of Health in FY23 to establish and administer a loan repayment program for nurses and physician assistants in coordination with VSAC.
- Nurse Faculty Forgivable Loan Program
 - \$500,000 in ARPA dollars to the Department of Health in FY23 to create/administer a program to offer forgivable loans to nurse faculty members at a Vermont nursing school. For each year of service at a nursing school in Vermont, an eligible individual receives a full academic year of forgivable loan benefit.

Act 183: Economic and Workforce Development (cont.)



- Nurse Faculty Loan Repayment Program
 - \$500,000 in ARPA dollars to the Department of Health in FY23 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.
- Mental Health Professional Forgivable Loan Program
 - \$1.5 million in ARPA dollars to the Department of Health in FY23 to provide forgivable loans to eligible mental health professionals. Available to students enrolled in a master's program at an eligible school who commit to working as a mental health professional in Vermont.
- Designated & Specialized Service Agencies
 - \$1.25 million in ARPA dollars to AHS in FY23 to be distributed to the designated and specialized services agencies for loan repayment and tuition assistance for recruitment and retention of high-quality mental health and substance use disorder treatment professionals.

Act 183: Economic and Workforce Development (cont.)



- GMCB Hospital Budget Review & Workforce
 - Review hospital's investments in workforce development initiatives, including nursing workforce pipeline collaborations with nursing schools and compensation and other support for nurse preceptors;
 - 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;
 - May exclude all or portion of a hospital's investments in nursing workforce development initiatives from an otherwise applicable financial limitation to the hospital's budget or budget growth.

Act 183: Economic and Workforce Development (cont.)



- Health Care Workforce Data Center
 - \$750,000 in ARPA dollars to the Office of Health Care Reform in AHS in FY23 to establish and operate the statewide Health Care Workforce Data Center.
 - Includes one permanent classified Health Care Workforce Data Center Manager position in AHS, Office of Health Care Reform for fiscal year 2023 to manage the Health Care Workforce Data Center created pursuant to this section.
- Health Care Workforce Coordinator
 - \$170,000 in General Fund dollars in FY23 to AHS, Office of Health Care Reform for one classified, three-year limited-service position as Health Care Workforce Coordinator.
 - Coordinator will focus on building educational, clinical, and housing partnerships and support structures to increase and improve health care workforce training, recruitment, and retention.

Act 167: Health Care Reform Initiatives, Data Collection, & Access to Home- and Community-Based Services



- Proposal for Subsequent APM Agreement
 - Director of Health Care Reform, in collaboration with GMCB, to develop a proposal for a subsequent agreement with the Center for Medicare and Medicaid Innovation.
 - 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.
 - 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.
 - GMCB to 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.
 - Reporting Requirements
 - On or before January 15, 2023, the Director of Health Care Reform and the Green Mountain Care Board to each report on their activities.
 - On or before March 15, 2023, the Director of Health Care Reform shall provide an update regarding the Agency's stakeholder engagement process.

Act 167: Health Care Reform Initiatives, Data Collection, & Access to Home- and Community-Based Services (cont.)



- Hospital System Transformation & Stakeholder Engagement
 - GMCB, in collaboration with the Director of Health Care Reform, to 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.
 - On or before January 15, 2023, the GMCB shall provide an update on the community engagement process.

Act 167: Health Care Reform Initiatives, Data Collection, & Access to Home- and Community-Based Services (cont.)



- Health Information Exchange (HIE) Steering Committee
 - HIE Steering Committee to include a data integration strategy in the HIE Strategic Plan to merge claims and clinical data.
- Health Care Database
 - Existing law limits the 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.
- GMCB Report Summaries
 - Summarize key findings and recommendations from reports by and for the Board.

Act 167: Health Care Reform Initiatives, Data Collection, & Access to Home- and Community-Based Services (cont.)



- Prior Authorization
 - DFR to explore the feasibility of requiring health insurers and their prior authorization vendors to access clinical data from the Vermont HIE whenever possible to support prior authorization requests in situations in which a request cannot be automatically approved.
 - DFR Prior Authorization Report
 - DFR to direct health insurers to provide prior authorization information in a certain format 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 collaborate with the Board 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.
- Other sections relate to Blueprint for Health, options for extending moderate needs supports, and Medicaid reimbursement.

Questions?

For more information, please visit [Vermont's General Assembly website.](#)