

2021 Legislative Session Update

GMCB Primary Care Advisory Group

May 19, 2021

House Bills

- H.210 – An act relating to addressing disparities and promoting equity in the health care system
 - Signed by Governor May 18, 2021 – No act # yet
- H.315 – An act relating to COVID-19 relief
 - Act 9 of 2021
- H.439 – An act relating to making appropriations for the support of government
 - In Conference Committee

H.439 – making appropriations for the support of government



- Task Force on Affordable, Accessible Health Care to explore opportunities to make health care more affordable for Vermonters
 - Members: 3 current House members and 3 current Senate members from different political parties
 - Starting Sept. 1, 2021, the Task Force will hold public hearings around the state
 - Report due on or before January 15, 2022
- DFR to review Vermont's benchmark plan establishing the State's essential health benefits to determine whether to recommend requesting approval from CMS to modify benchmark plan
 - Due on or before January 15, 2022

H.439 – making appropriations for the support of government



- VDH, in collaboration with AHEC and VSAC, shall establish a Medical Student Incentive Program at UVM College of Medicine
 - Purpose: to strengthen workforce pipeline and increase number of new physicians practicing in Vermont, with a focus on rural areas and undersupplied medical specialties
 - Scholarships awarded to up to 10 students annually who commit to practicing in medical specialty priority area (primary care; approved specialties include family medicine, internal medicine, adult primary care, pediatrics primary care, obstetrics-gynecology, and psychiatry)

H.439 – making appropriations for the support of government



- Transfers Global Commitment funds from VDH to VSAC in FY22 for scholarships for nurse students who commit to practice in Vermont and for medical students who commit to practicing primary care
- Funds Agency of Administration Office of Racial Equity for activities related to health disparities and health equity

H.439 – making appropriations for the support of government



- Health care workforce strategic plan draft due to GMCB on or before October 15, 2021. Update due to committees on or before December 1, 2021
- AHS authorized to carry forward Global Commitment funds to FY22 for purposes related to implementation of All-Payer ACO Model:
 - Health information technology projects
 - Delivery system reform projects focused on implementation of care model

H.210 – addressing disparities and promoting equity in the health care system



- Creates Health Equity Advisory Commission to promote health equity and eradicate health disparities among Vermonters, including particularly those who are Black, Indigenous, and Persons of Color; individuals who are LGBTQ; and individuals with disabilities
- Commission shall provide strategic guidance on the development of the Office of Health Equity

H.315 – COVID-19 relief



- Appropriates funds to GMCB in FY21 to provide Vermont's share for updates to VHCURES to improve data collection related to health equity
- Appropriates funds to VDH in FY21 for collection and analysis of demographic data, including race and ethnicity data, regarding Vermont residents who experience health disparities

Senate Bills

- S.48 – An act relating to Vermont’s adoption of the Interstate Nurse Licensure Compact
 - On Senate Notice Calendar
- S.88 – An act relating to insurance, banking, and securities
 - Signed by Governor May 12, 2021 – Act 25 of 2021
- S.117 – An act relating to extending health care regulatory flexibility during and after the COVID-19 pandemic and to coverage of health services delivered by audio-only telephone
 - Signed by Governor March 29, 2021 – Act 6 of 2021

S.48 – Vermont’s adoption of the interstate Nurse Licensure Compact



- Allows nurses (RN or LPN/VN) to have a multistate license with the ability to practice in their home state and other compact states
- If passes, will take effect February 1, 2022

S.88 – banking, insurance, and securities



- Bill includes language to unmerge the individual and small group markets for plan year 2022 to take advantage of the enhanced subsidies available to individuals under the American Rescue Plan Act
- Unmerging the markets is expected to lower small group premiums and increase individual premiums, with the enhanced subsidies offsetting the increased premiums in the individual market
- Does not impact how individuals, families, and small businesses purchase insurance plans

S.117 (Act 6) - Extending health care regulatory flexibility during and after the COVID-19 pandemic and to coverage of health care services delivered by audio-only telephone

- Extends various Act 91 and Act 140 provisions through March 2022, including:
 - Waiver of certain telehealth requirements
 - DFR emergency rulemaking authority related to expanding health insurance coverage or limiting cost-sharing related to COVID-19 services and health insurance plan deductible requirements for prescription drugs
- Includes clarifying language related to coverage of health care services delivered by audio-only telephone

S.117 (Act 6) - Extending health care regulatory flexibility during and after the COVID-19 pandemic and to coverage of health care services delivered by audio-only telephone



- On or before July 1, 2021, DFR, in consultation with DVHA, GMCB and others, shall determine appropriate codes or modifiers to be used by providers and insurers in the billing of and payment for services delivered via audio-only telephone
- On or before December 1, 2023, DFR, VPQHC, and to the extent VHCURES data are available, GMCB shall present information to committees regarding use of audio-only telephone services in calendar year 2022
- DFR shall determine amounts that health insurance plans shall reimburse health care providers for delivering health care services by audio-only telephone during plan years 2022, 2023, and 2024