

2024 Legislative Outcomes That Impact Primary Care

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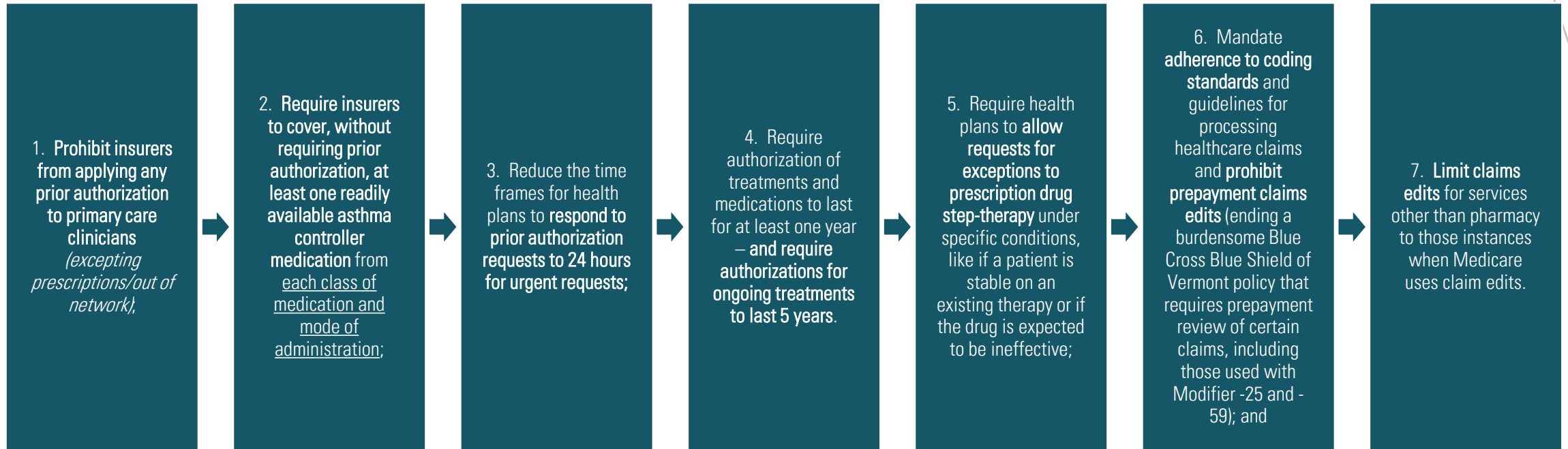
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H.766 - Prior Authorization & Insurance Practice Reform

The bill will apply to state regulated commercial insurance plans in VT (MVP, BCBSVT and Cigna plans sold on the exchange) and would:



H.766 - Prior Authorization & Insurance Practice Reform – Cont'd

This is the week the prior authorization reduction bill, H. 766, headed to Governor Scott for his consideration. The bill was delivered to him yesterday, meaning he will have until Monday 5/20 to decide whether to sign, veto or allow to the bill to go into law without his signature. **Contact his office today at 802-828-3333 or email <https://vermontce.my.vermont.gov/s/governor-office-ce> to tell him that reducing insurance delays and paperwork is good for Vermont patients and clinicians!**

[According to VT Digger](#), the Governor has signaled that he “understands that there could be benefits, creating efficiencies and improving patient experiences...so, he will weigh those out once it reaches his desk.”

Yesterday, insurers also filed proposed 2025 rates [indicating cost impacts](#) of H. 766. **So your comments this week explaining the benefits and the fact that insurer estimates do not take into account care provided in more expensive settings or the administrative costs of PA are very important!**

- See talking points related to the cost estimates of H. 766 [here](#).
- For a patient summary of the bill, patient poster and social media graphic, visit <https://vtmd.org/yeson766/>
- A final version of the bill as passed the legislature is now available [here](#).



H.721 – Expanding Medicaid Eligibility; Medicare Assistance Program

As passed the House, the bill would have:

- Expanded the Dr. Dynasaur program to include young adults ages 19 and 20 years of age and pregnant individuals up to 312% of the federal poverty level (FPL). According to DVHA, this would increase Medicaid enrollment by about 900 young people per year and 657 births per year.
- Expanded income limits within the Medicare Savings Program, which helps low-income Vermonters afford Medicare premiums and out of pocket costs.
- Direct the Agency of Human Services (AHS) to undertake a technical analysis of additional expansion of the Medicaid program, rates paid to health care providers delivering services to individuals on Medicaid and Dr. Dynasaur, and the structure of Vermont's health insurance markets. The analysis will look at reimbursing for Medicaid services at various multiples of Medicare rates as well as an average commercial rate.

This bill failed to make it across the finish line, however an expansion of the Medicare Savings Program advanced in the state budget and will expand help paying for out of pocket costs to an additional 12,000 low-income Vermonters.

➤ **Bill Did Not Pass; Provisions for MSP in Budget**



H.861 – Telehealth Reimbursement

This bill was a House Health Care Committee priority and directs payment parity for telehealth services.

- It removes a 2026 sunset in state law requiring paying for audio-visual telehealth services at parity with in-person services.
 - It includes in state law that audio-only services must also be paid at parity with in-person services (currently an order from the Department of Financial Regulation requires paying at 75% the rate of in-person services.)
- **Passed and Signed By Governor**

S.18 - Flavored Tobacco Bill Vetoed by the Governor

This bill would have prohibited the sale of flavored vapes, menthol cigarettes and flavored synthetic tobacco products like Zyn pouches

This bill also would have provided an online sales investigator, banned tobacco coupons and created a youth cessation program.

➤ **Passed House and Senate; Vetoed By Governor**

H.612 - Cannabis Bill Retains THC Potency Caps, Seeks Medical Endorsement

This year's cannabis bill, maintains the current statutory THC potency caps of 60 percent for solid concentrates and 30% for cannabis flower. The bill as introduced would have removed the caps for all purchasers.

There were concerns that a medical endorsement included in this bill could make high-potency products more available and we advocated for the legislation and rule-making to include the need for a patient to have a bonafide relationship with a healthcare professional. This language was in the original medical cannabis statute, but after the CCB was established it was removed. There was also concern with other provisions in this bill, including:

- Expanding qualifying conditions
- Extending Renewal to 3 years for All Conditions

Many legislators felt this bill was rushed and turned many of the provisions into studies, including rule-making for a new medical endorsement program for recreational cannabis shops.

➤ **Passed and Waiting to be Delivered to Governor**



H.469 – Remote and Electronic Execution of Advanced Directives

The bill makes permanent several temporary flexibilities that were allowed under the COVID regulatory flexibility bills passed previously by the legislature.

It makes permanent:

- The ability of witnesses to an advanced directive to witness through a live, interactive, audio-video connection or by telephone.
- The ability for an individual who explains the nature and effect of an advance directive to an individual who is a resident of a nursing home or residential care facility to deliver the explanation to the principal through a live, interactive, audio-video connection or by telephone.
- If a patient is amending a “Ulysses Clause” (a clause that allows the authorization or withholding of future care over the principal’s objection in the future if they lack capacity) - it allows the clinician explaining the risks and benefits and the individual explaining the nature and effect of the provision to be present via a live, interactive, audio video connection.

➤ **Signed by Governor**



Prevention Screening Expansions

The House passed two bills that would provide clarity regarding patient access to zero-cost preventive colorectal screenings and mammograms.

[H.741](#) – As of January 1, 2025, this law will remove the age of 50 from Vermont's statute and require insurers to follow USPSTF guidelines in providing colorectal cancer screenings at no cost to patients.

[H.621](#) – As of January 1, 2026, this law will expand mammography coverage to include other medically necessary breast imaging service (mammography, ultrasound, MRI) upon recommendation of a health care provider as need to detect the presence of breast cancer and other abnormalities of the breast of breast tissue within the zero-cost screening.

➤ **Signed by Governor**

S.109 – Medicaid Coverage for Doula Services

As originally introduced, this bill would have mandated Medicaid coverage for doula services. However, the Senate Health & Welfare committee encountered a lot of questions as they took testimony from stakeholders, including supporters and payors.

- This bill is now a review to determine the appropriate form of professional regulation for doulas and asks for a report from the Department of Vermont Health Access on proposed methodology and estimated costs to provide reimbursement for doula services including childbirth education and support services such as physical and emotional support to individuals during pregnancy, labor and delivery and postpartum.

➤ **Signed by Governor**

S.164 – Coverage for Obesity Treatment

This bill would have required Medicaid, and other payers, to provide comprehensive coverage for obesity medication and lifestyle treatment.

- It received hearings in the Senate Finance Committee early in the session with excellent testimony from physicians in support of this legislation and received media coverage from Vermont Public.
- The bill failed to make crossover and lost support in the Committee when the Department of Vermont Health Access (DVHA) testified that if passed it would cost \$75 million annually.
- We have since provided DVHA and legislators with calculations that show an annual cost closer to \$1.6 million annually.
- We continue to work with DVHA for a cost estimate report to be provided by the DVHA Obesity Treatment Workgroup before the start of the next legislative session.

➤ **Bill Did Not Advance**

H. 72 – Authorizing Pilot of Overdose Prevention Centers

H. 72, would direct VDH to create operating guidelines for, and direct funding to, the creation of one pilot overdose prevention center (OPC), located in Burlington, which could be mobile or in fixed locations. The center will be funded out of the Opioid Abatement Special Fund. The Department of Health would be charged with evaluating the impact of the OPCs. The bill defines the roles of an OPC, including:

- provides a space supervised by health care professionals or other trained staff where persons who use drugs can consume preobtained drugs and medication for substance use disorder;
- provides harm reduction supplies, including sterile injection supplies; collects used hypodermic needles and syringes; and provides secure hypodermic needle and syringe disposal services;
- provides drug-checking services;
- answers questions on safer consumption practices;
- administers first aid, if needed, and monitors and treats potential overdoses; and
- provides referrals to addiction treatment, medical services, and social services.

The bill includes immunity protections for the following: individual using services; staff member, operator, administrator, director (including health care professional, manager, employee or volunteer); property owner, lessor or sublessor, entity operating OPC; state or municipal employees acting within their employment.

➤ **Passed; Awaiting Governors Decision**



S. 302 – Public Health Outreach Programs Regarding Dementia Risk

This bill calls on the Departments of Health, Mental Health, and Disabilities, Aging, and Independent Living to include as part of existing public health outreach programs information for health care clinicians on:

- the value of early detection and timely diagnosis of Alzheimer’s disease and other types of dementia;
- validated assessment tools for the detection and diagnosis of Alzheimer’s disease, younger-onset Alzheimer’s disease, and other types of dementia;
- the benefits of a Medicare annual wellness visit or other annual physical for an adult 65 years of age or older to screen for Alzheimer’s disease and other types of dementia;
- the significance of recognizing the family care partner as part of the health care team;
- the Medicare care planning billing code for individuals with Alzheimer’s disease and other types of dementia;
- and
- the necessity of ensuring that patients have access to language access services, when appropriate.

The bill also calls for public education on the topics of early warning signs of Alzheimer’s disease and the benefits of early detection. The relevant departments testified that they could include this information in campaigns already underway.

➤ **Passed; Awaiting Delivery to Governor**



H.870 – Office or Professional Regulation “Housekeeping” Bill

This bill contains updates and changes to many of the professions that the Office of Professional Regulation oversees. Unofficially referred to as the OPR Housekeeping bill.

There was language in the last month of the session added to this bill that would allow Naturopaths to sign death & birth certificates.

- Participated in pre meeting to discuss with VDH, VANP, VEN, Patient Choices
- Originally VANP wanted to also include ability to participate in Act 39 and write DNR/COLST orders this year, but we collectively agreed to:
 - Death and Birth Certificates now
 - An advisory group to look at training, education and recommendations for future sessions.
 - VMS is a named group member.

➤ **Passed; Awaiting Delivery to Governor**



Child Specific Legislation

S.289 - Age-Appropriate Design Code

This bill is a consumer protection bill that would require online products reasonably likely to be accessed by children under 18 to be age-appropriate, institute privacy by design and default, and be designed with kids' best interests. For more information on this effort visit <https://vermontkidscode.com/>.

- **Passed (as part of a larger data privacy bill) and Waiting to be Delivered to Governor**

S.187 - Student application of sunscreen in school

The bill allows students to possess and apply sunscreen at school with written permission from a parent or guardian without a note from their health care professional. The bill was supported by the DOE, VDH and VSNA.

- **Passed and Signed by Governor**

S.309 - Miscellaneous DMV Bill: Child Safety Seats

This will update Vermont child restraint system laws to require proper restraint of kids under 18 in motor vehicles, including remaining rear-facing until age 2.

- **Passed and Waiting to be Delivered to Governor**





THANK YOU

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