

Legislative Update
February 20, 2024

Practice Sustainability & Reducing Administrative Burden

- **[H.766](#) – Prior authorization, step therapy & insurer billing requirements.** This bill would:
 - Reduce the time frames for health plans to respond to prior authorization requests.
 - Limit the occasions for reauthorization of previously approved treatments and medications.
 - Require health plans to grant exceptions to prescription drug step-therapy under specific conditions, like if a patient is stable on an existing therapy.
 - Study the ability of payers, not healthcare providers, to collect cost-sharing from patients.
 - Mandate adherence to coding standards and guidelines for processing healthcare claims.

This bill has received several hearings in the House Health Care Committee and most sections are likely to advance, however with payers claiming significant expense to comply it is still helpful for the Committee to hear from clinicians how this bill would be helpful.
- **[Drafting Request 24-0673](#) - Telehealth Reimbursement.** This is a bill drafted by the House Health Care Committee that supports payment parity for telehealth services.
 - It would remove a 2026 sunset in state law requiring paying for audio-visual telehealth services at parity with in-person services.
 - It would put 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.)

VMS strongly supports this bill, as it would support continued patient access to telehealth services and supports the continued provision of audio-only services. Last week, the House Health Care Committee voted 10-1 to pass this bill and it will move to the Senate.
- **[S.151](#) - Increasing support for primary care & prevention.** This priority bill for the VMS would:
 - Require commercial payers to increase the percent of health care dollars directed to primary care spending;
 - Set more predictable Medicaid payments for primary care services;
 - Require regular updates of the Workers' Compensation fee schedule;
 - Allow minors to consent to prevention services for STIs; and
 - Update the insurance requirements for colorectal cancer screening.

This bill is scheduled for a second hearing in the Senate Health and Welfare Committee this week.
- **[H.721](#) - Expanding Medicaid access.** This bill would:
 - Gradually expand the income eligibility for Medicaid to 312% of the FPL by 2030;
 - Increase the age of eligibility for Dr. Dynasaur up to age 26;
 - Increase in Medicaid reimbursement for primary care, with a floor of 125% of Medicare; and
 - Expand eligibility for the Medicare Savings Program (MSP), which helps low-income Vermonters afford Medicare premiums and out of pocket costs.

VMS supports expanding the MSP and is open to Medicaid expansion if payment rates are raised for both primary and specialty care services. This bill is being championed by Chair of House Health Care, Lori Houghton, D-Essex. The House Health Care Committee is considering edits to the bill that will move much of the expanded coverage and reimbursement changes into a study. VMS has provided input on study language. A hearing on new language is expected next week.

- State Fiscal Year 2025 Budget: **Ensuring adequate Medicaid reimbursement**
 - The Scott Administration-proposed 2025 Budget (which begins June 2024) includes decreased spending due to reduced Medicaid caseload and proposed increases for skilled nursing facilities, a new nursing home to serve high complexity patients, and a 4.5% inflationary increase to FQHCs and other changes. It does not currently contain an inflationary increase for Medicaid professional services.
 - VMS is seeking a 4.5% inflationary increase for the Medicaid professional fee schedule and has met with legislators and DVHA to develop a methodology for preventing Medicare fee schedule cuts leading to Medicaid cuts.

Supporting Public Health

- **S.18 – Ending the sale of all flavored tobacco products in Vermont**
 - Kids age 12-17 are the highest users of menthol cigarettes, and 54% of youth smokers start by using menthol;
 - This bill aims to prevent kids from ever starting on these highly addictive and deadly products.
 - Other states, including our neighbors in Massachusetts, have done this successfully.

This bill passed the Senate last year and was voted out of the House Human Service committee. It is now in the House Ways and Means committee where progress has slowed due to substantial lobbying from the tobacco industry. Please reach out to the Committee with your support!

- **H.612 - Public health protections for cannabis sales**
 - VMS Strongly opposes removing THC potency caps.
 - Potency limits are an important factor to protect public health. The risks of physical dependence and addiction increase with exposure to high concentrations of THC.
 - Support the CCB's Report recommendation authorizing a non-legislative entity to recommend / approve new qualifying conditions for medical cannabis (not in H.612)

This bill has received a hearing in the House Government Operations Committee and is scheduled to be taken up again this week.

- **S.233 – Amendments to the scope of practice for optometrists.** This bill would:
 - Would allow optometrists holding a specialty endorsement license to perform advanced therapeutic procedures, including certain surgical and laser procedures, injections, and vaccinations.

VMS opposes this bill. It has been referred to the Senate Health & Welfare Committee but has not been taken up by the Committee. The House Government Operations Committee will be holding a hearing this week on a report by the Office of Professional Regulation that supports similar language to S. 233.

- **Protecting Consumer Health Data & Data Privacy**
 - Three bills have been introduced aimed at protecting data that consumers share with businesses, including apps and websites, from sale or misuse.
 - [H. 121](#) focuses on all consumer data and is supported by the Attorney General's Office.
 - [S. 173](#) focuses on health care data, including reproductive and gender affirming care data
 - [S. 289](#) focuses on making sure digital products accessed by children are age-appropriate and designed with kids' best interests.

VMS is focused on providing technical input on the bill language. AAP-VT has testified in favor of S. 289.

- **H.765/S.164 – This bill would require health insurance to provide comprehensive coverage of treatment for obesity including;**
 - requiring insurance coverage of medically necessary obesity medications;
 - access to lifestyle interventions; and
 - Surgery.

This bill has received a hearing in the Senate Finance Committee and received media coverage from Vermont Public featuring VMS members: <https://www.vermontpublic.org/local-news/2024-01-31/some-doctors-want-vermont-to-require-insurers-to-cover-weight-loss-drugs-like-ozempic>

- **S. 187 – This bill addresses pediatric safety issues including child restraints and sunscreen.**
 - The bill updates child restraint system laws to require proper restraint of kids under 18 in motor vehicles, including remaining rear-facing until age 2. This section of the bill has received multiple hearings and has been added to the miscellaneous DMV bill and is expected to move forward.
 - The bill also 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. This section of the bill has not had a hearing yet, but the Senate Health & Welfare Committee is planning testimony.
- **Increase pediatric and adult mental health care services**
 - Including programs like alternatives to EDs, mobile crisis intervention, embedded MH/SUD services in primary care

The House Health Care Committee received updates from the Department of Mental Health and VMS member Gretta Spottswood, MD, regarding the Vermont Child Psychiatry Access Program.

VMS Organization

VMS is made up of 2900 members, which represents 2/3 of practicing physicians & PAs in Vermont, along with 460 medical students. Our members include primary care, specialists, and all employer-types. www.vtmd.org.

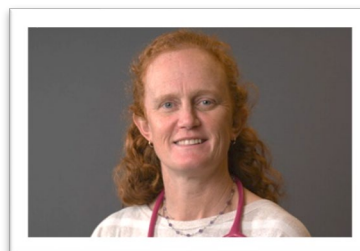
VMS also operates the:

- [Vermont Specialty Societies](#): Pediatrics, Family Practice, Internal Medicine, Ophthalmology, Orthopedics, Psychiatry, Anesthesiology, Surgeons, Orthopedics, Osteopathic Physicians, Addiction Medicine.
- [Vermont Practitioner Health Program](#): supports health care practitioners (MD, DO, PA, RA, AA) with impaired ability to practice medicine
- [VMS Education and Research Foundation](#): physician leadership training, student scholarship.

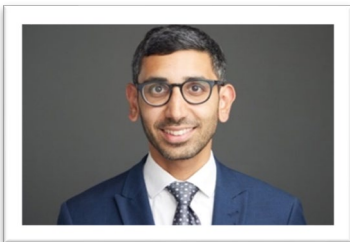
VMS Physician Leadership



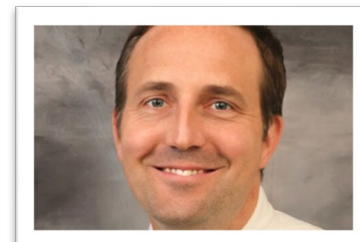
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