



Budget

The House-passed budget includes **a rate increase to bring skilled home health rates to 100% of Medicare LUPA**. It also includes language **directing the Department of Vermont Health Access (DVHA) to develop methodologies for comparing Medicaid rates for home health agency services to rates under the Medicare home health prospective payment system model** and for comparing Medicaid pediatric palliative care rates either to rates under the Medicare home health prospective payment system model, or to Medicare hospice rates, or both.

The budget passed by the House includes [H.721](#), which proposes to expand eligibility for the Dr. Dynasaur program and for Dr. Dynasaur-like coverage to include income-eligible young adults up to 26 years of age. The bill also makes changes to the income limit requirements to be eligible for the Medicare Savings Program (MSP) and expands access to Dr. Dynasaur to pregnant individuals of any age and to individuals up to age 21 who meet the income threshold of 312% of the federal poverty level (FPL). The bill includes an extension of the health care claims tax to July 1, 2027. DVHA opposed the bill due to the cost and it not being included in the Governor's proposed budget.

Compliance

Auditor of Account Authority ([S.9](#), passed by Senate in 2023)

[S.9](#), the bill that would extend the State Auditor's authority to examine the books and records of any contractor providing services to the State, was passed by the Senate in 2023 and referred to the House Government Operations and Military Affairs. After hearing substantial opposition from several advocacy groups including health care providers, the House committee declined to take up the bill in 2023 and **has not held a hearing on it in 2024**.

Data Privacy ([H.121](#), passed by the House)

[H.121](#) creates **new data privacy protections** for Vermonters. The version passed by the House has a "data-level" exemption for HIPAA protected data, but not an "entity" level exemption for HIPAA-covered organizations. This will create two different privacy obligations for health care organizations. Unlike most states, the bill also creates a "private right of action" exposing nearly all business and not-for-profit organizations to potential lawsuits. A coalition of health care associations will ask the Senate to eliminate the private right of action, provide an entity-level exemption for health care providers (the House included one for health insurers), increase the threshold for

applicability of the statute from 6,500 consumers to 100,000 consumers, eliminate exempt records (such as HIPAA-protected records) from the eligibility threshold, and allow volunteer data to be treated as employee data.

Home Health CON Moratorium ([Act 87](#), Section 93 - Budget Adjustment Act)

The Budget Adjustment Act incorporates [S.162](#) as introduced, extending the existing **moratorium on certificates of need for new Home Health Agencies** until 2030.

Workplace Violence/Employee Safety

Mental Health Response Service Guidelines and Home Health Employee Safety ([S.189](#), passed by Senate)

The Senate passed S.189, a bill that develops mental health response service guidelines and provides social service and home health employee safety. **The home health safety policy change gives home health agencies flexibility to decline referrals, or refuse to send staff on a visit, for patients who have been previously discharged for safety reasons.**

The language passed by the Senate contained the caveat that flexibility only applies if the behavior cannot be mitigated or eliminated.

Human Resource and Employer Obligations

Unemployment Insurance ([H.55](#), passed by House)

[H.55](#) makes miscellaneous unemployment insurance amendments.

Social Work Licensure Compact ([H.543](#), passed by House)

The House passed H.543, proposing Vermont adopt and join the interstate Social Work Licensure Compact. Participation in the compact is designed to facilitate faster and easier licensure from social workers already licensed in other states that participate in the compact.

Compensation Disclosure ([H.704](#), passed by House)

[H.704](#) requires employers to disclose compensation or a range of compensation in job advertisements.

Medical Leave ([H.856](#), passed by House)

[H.856](#) updates Vermont's medical leave statutes to better comport with federal requirements.

Collective Bargaining ([S.102](#), passed by Senate)

[S.102](#) **prohibits employers from taking adverse employment actions against an employee** in relation to the employee's exercise of free speech. The bill also stipulates that the signatures of at least 50 percent plus one of the employees in a bargaining unit shall certify the representative and the bargaining representative.

End-of-Life/Advance Directives

Remote Witnessing of Advance Directives ([H.469](#), passed by House)

The House passed H.469, **which allows for digital signatures of advance directives, including by principals, witnesses, and explainers.**

Health Care Reform

Medicaid Coverage for Doula Services ([S.109](#), passed by Senate)

The Senate passed S.109, which directs the Office of Professional Regulation to conduct a review and issue a recommendation to the legislature on what model of regulation is appropriate for the doula profession. The bill also directs DVHA to provide a report to the legislature that shall include a methodology and estimated costs for providing Medicaid reimbursement for qualified doulas.

Green Mountain Care Board and Miscellaneous Health Care Reform Provisions ([S.151](#) and [S.211](#))

S.151 and S.211 were both considered by Senate Health and Welfare but did not advance to the Senate Floor. Between them, the bills included provisions related to role of the Green Mountain Care Board, investments in primary care and other miscellaneous health care reform provisions.

Reenvisioning the Agency of Human Services ([S.183](#), passed by Senate)

The Senate passed S.183, a bill aimed at “reenvisioning” the Agency of Human Services (AHS). The bill requires the Secretary of AHS, in collaboration with the commissioner of each department, and relevant stakeholders, to evaluate the current structure of AHS, identify potential options for re-envisioning the agency, engage in a cost-benefit analysis of each option, and develop one or more recommendations for implementation.

Community Nurse Pilot Program ([S.231](#))

S.231 proposed to create a pilot program for community nursing programs, with a state allocation. Following advocacy from Vermont’s health care provider community demonstrating that the state was not fully-funding existing, proven programs, the bill was scaled back in the Senate Health and Welfare Committee. After being referred to the Senate Committee on Appropriations, the bill has not been taken up further and is not expected to pass.

Dr. Dynasaur and Medicaid Savings Plan Expansion ([H.721](#), passed by the House)

See [budget section](#).

Prior Authorization and Claims Edits ([H.766](#), passed by House)

[H.766](#) reduces the administrative burden of prior authorization imposed by commercial health plans regulated in Vermont. It does not include Medicare Advantage plans because Vermont has minimal regulatory authority over them. The bill was largely driven by physician advocacy groups. As passed by the House, the bill:

- Limits the frequency in which insurers may release edits to no more than quarterly.

- Establishes a working group comprised of health plans, contracting entities, covered entities and payers to study trends in coding and billing that health plans need to address through claim editing.
- Prevents health plans from requiring prior authorization for any service, treatment or procedure that is more restrictive than the prior authorization requirements of the Vermont Medicaid program.
- Requires insurers to approve, deny or inform of any information missing for an urgent prior authorization request within 24 hours of receipt.
- Makes approved prior authorizations for a prescribed or ordered treatment, service, or medication valid for duration of the treatment of one year whichever is longer.
- Adds reporting requirements for both insurers and providers on the impacts on the prior authorization changes enacted in the bill.

The bill is opposed by health insurance companies who have testified that it will increase health insurance premiums though they have not provided an analysis supporting their position.

Telemedicine and Audio-Only Reimbursement ([H.861](#), passed by House)

[H.861](#) requires that health insurance plans provide the same reimbursement amounts to health care providers for delivering health care services in person, by telemedicine, and by audio-only telephone. It repeals a sunset on reimbursement parity for telemedicine services scheduled to expire on January 1, 2026.