



## **Health Care Final** **2020 Legislative Update**

**September 25, 2020**

The General Assembly returned August 25<sup>th</sup> to conclude the legislative biennium by passing a (FY) 2021 budget and completing a number of other bills that were in progress. They adjourned on September 25, 2020 and will return in January 2021.

### **Fiscal Acts/Bills**

#### **Act 88 (H.760) – An act relating to FY 2020 budget adjustments (BAA 1)**

Before the COVID-19 impact became apparent to the Legislature, lawmakers passed the FY 2020 Budget Adjustment Act, and it was signed into law by Governor Phil Scott on March 4, 2020. The BAA was supported with an additional \$18 million in revenue from the July 2019 revenue update. The legislation includes, among other things, a rate increase to the Brattleboro Retreat and funding for increased costs of serving higher acuity patients in nursing homes.

#### **Act 109 (H.953) – An act relating to FY 2020 budget adjustments (BAA 2)**

The FY 2020 supplemental Budget Adjustment Act (BAA2) reflected three major impacts from the COVID-19 crisis: an erosion of \$52 million in projected revenue; a \$143 million in deferred tax collection pushed out to July; and an appropriation from the Federal Coronavirus Relief Fund for expenses incurred in FY 2020. In order to balance the lost revenue, the BAA2 used \$38 million in enhanced Federal Medical Assistance Percentages funds (the percentage rates used to determine the matching funds rate allocated annually to certain medical and social service programs), \$8.7 million in Medicaid claims savings, and additional state savings and bond investment earnings. It also provided CRF money to the Vermont State Colleges, the University of Vermont, the Defender General, the State's Attorneys, the Emergency Medical Service providers, and the Agency of Natural Resources.

#### **Act 120 (H.961) – An act relating to making first quarter 2021 appropriations**

This was a temporary budget passed by the General Assembly to begin the first quarter of FY'21 for the period July 1, 2020 through September 30, 2020. This appropriation will

be superseded by H.969, which will appropriate funds for the full year FY'21 budget (details below).

**Act 136 (H.965) – An act relating to health care- and human services-related appropriations from the Coronavirus Relief Fund**

Following the legislative recess in June, H.965 was enacted, allocating over \$326 million in Coronavirus Relief Fund (CRF) appropriations. \$275 million of this funding was allocated for the Health Care Provider Stabilization Fund. AHS is administering this grant program through a needs-based application process. The first application cycle has concluded, and a second application cycle is anticipated in October 2020.

For more information on the provider stabilization grant program:

<https://dvha.vermont.gov/health-care-provider-stabilization-grant-program>

Act 136 also included \$28 million in grants to certain public safety, public health, health care, and human services employers, including hospitals, health care facilities, long-term care facilities, practices and home health agencies, to provide hazard pay to their front-line workers for work performed between March 13<sup>th</sup> and May 15<sup>th</sup>. Eligible workers must earn an hourly base wage less than \$25/hour, except for nursing home and home health agency employees, who are exempt from this cap. Hazard pay amounts for employees are either \$1,200 or \$2,000 per employee based on the number of hours worked. The payments will not be considered for calculation of state benefits but are subject to income tax. These provisions have been modified by the FY'21 budget bill (H.969).

**Act 139 (H.955) – An act relating to capital construction and state bonding:**

Act 139 is the FY 20-21 capital budget adjustment, which includes \$1.5 million to the Brattleboro Retreat for the construction of 12 level-1 beds to serve the most high-acuity mental health patients. This funding is contingent on the Brattleboro Retreat providing monthly financial performance information to the Agency of Human Services (AHS). The bill also requires the Brattleboro Retreat, AHS, and the Department of Building and General Services (BGS) to report to the Legislature's Joint Fiscal Committee on the progress of the project.

The bill also extends to June 2021 the requirement for the Department of Disabilities, Aging and Independent Living to amend their rules pertaining to therapeutic community residences to allow secure residential recovery facilities to utilize emergency involuntary procedures. These rules will be identical to the rules adopted by the



Department of Mental Health that govern the use of emergency involuntary procedures in psychiatric inpatient units.

**H.969 – An act relating to making appropriations for the support of government**

The budget process for FY'21 was highly complex. In short, the Legislature accepted most of the Governor's recommended budget proposals from January, with some changes submitted in what came to be called the Governor's "Restated FY'21 Budget". The budget includes standard appropriations as well as allocations of COVID Relief Funds, and changes to the hazard pay law.

With respect to traditional budget allocations, the bill does the following:

- Includes \$6 million for Springfield Hospital as a result of its bankruptcy filing;
- Incorporates into the base budget rate increases for the Brattleboro Retreat;
- Continues support for the additional 12 beds at the Brattleboro Retreat;
- Includes statutory nursing home inflation and covers the upward adjustment to reflect increased case mix;
- Includes funding for increased caseload in the Choices for Care home and community-based services (HCBS) program; and
- \$600,000 savings (for 6 months beginning January 2021) in Medicaid pharmaceutical costs by moving HIV and AIDS-related medications to the Preferred Drug List, allowing Medicaid to collect supplemental rebates.

In addition, the bill appropriates CRF dollars as follows:

- \$2 million to support adult day providers;
- \$565,000 to support meals on wheels;
- \$600,000 to support recovery centers;
- \$2.2 million to the Vermont Housing & Conservation Board to address homelessness; and
- Reduces the Health Care Provider Stabilization Fund from \$275 million to \$247.5 million and directs that these funds include:
  - Up to \$2 million to support EMS providers;
  - Up to \$3 million for COVID testing in hospitals and long-term care facilities;
  - Up to \$3 million to support Designated Mental Health Agencies; and
  - \$750,000 to the Department of Health to address COVID related health disparities.



**Additional policy changes of interest included in the budget:**

- Includes portions of S.296 which stalled in the House. It caps the out-of-pocket expenses for prescription insulin medications to \$100 for a 30-day supply regardless of the amount, type or number of insulin medications;
- Authorizes the Agency of Human Services (AHS) to seek a no-change 1115 Global Commitment waiver extension from U.S. Department of Health and Human Services (HHS), and authorizes AHS to move forward with seeking a negotiated waiver extension in the event HHS declines a no-change extension;
- Includes S.352 and S.353, which did not make their way through the legislative process. Modifies the hazard pay program enacted in Act 136 (above) as follows:
  - Expands the definition of “covered employer” to include traveling nurse agencies whose employees performed nursing services for another covered employer during the eligible period;
  - Expands the definition of “covered employer” to include a cleaning and janitorial service that provided services during the eligible period to a covered employer in a location open to the general public or regularly used by residents and patients;
  - Expands the definition of “covered employer” to include a food service provider that provided meals to residents and patients of a covered employer during the eligible period;
  - Expands the definition of “covered employer” to include providers of security services that provided services to a covered employer during the eligible period;
  - Expands the definition of “eligible employee” to include resident physicians and dentists employed by a health care facility or a physician’s office and earned an hourly base wage of \$25/hour or less during the eligible period;
  - Allows “eligible employees” to include those who have received unemployment insurance benefits for *not more than one week*, and limits the grant to \$1,200 for those eligible employees; and
  - Appropriates an additional \$20 million to fund the program for a total of \$48 million.



## Bills Enacted Prior to June 30, 2020

### **Act 86 (S.23)** – An act relating to increasing the minimum wage

This act raises the minimum wage to \$11.75 in 2021, and \$12.55 in 2022. Beginning in 2023, the minimum wage will be increased annually by the percentage increase in the Consumer-Price Index (CPI). The Governor vetoed this bill. However, the Legislature successfully overturned the Governor's veto with a 2/3 majority in both the House and Senate.

### **Act 91 (H.960)** – An act relating to Vermont's response to COVID-19

In March, amidst escalating concerns regarding COVID-19 in Vermont, the Legislature approved H.742 (Act 91), an omnibus health care and human services bill granting temporary flexibility for the Administration to manage the state's response to COVID-19. The law:

- Increases flexibility for the Agency of Human Services (AHS) to address the COVID-19 pandemic including:
  - Waiving or modifying existing rules or adopting emergency rules.
  - Modifying hospital provider taxes and waiving or modifying other provider taxes.
  - Waiving or permitting variances from AHS's health care and human service provider rules as necessary to prioritize and maximize direct patient care.
  - Reimbursing Medicaid-funded long-term care facilities and other programs providing 24-hour per day services for their bed-hold days.
- Requires the Department of Vermont Health Access (DVHA) to relax provider enrollment requirements for Medicaid, and the Department of Financial Regulation (DFR) to direct health insurers to relax provider credentialing requirements for health insurance plans.
- Directs DFR to consider adopting emergency rules to expand health insurance coverage related to COVID-19, modify or suspend health insurance plan deductible requirements for all prescription drugs, and expand patients' access to and providers' reimbursement for health care services delivered remotely through telehealth, audio-only telephone, and brief telecommunication services.
- Allows the Green Mountain Care Board (GMCB) to waive or permit variances from laws, guidance, and standards related to hospital budgets, Certificates of Need, health insurance rate review, and accountable care organization budget review.



- **Makes changes to prescription drug coverage requirements, and prescribing laws including:**
  - Requiring all health insurance plans and Medicaid to allow members to refill prescriptions for chronic maintenance medications early so they can maintain a 30-day supply of each medication at home.
  - Allowing a pharmacist to extend a previous prescription for a maintenance medication if the patient does not have any refills left or the refill authorization recently expired and if it is not feasible to get a new prescription or more refills from the prescriber.
  - Allowing a pharmacist to substitute an available prescription drug for an unavailable one in the same therapeutic class if the available one would have substantially equivalent therapeutic effect even though it is not a therapeutic equivalent drug.
  - Allowing a health care professional to authorize renewal of an existing buprenorphine prescription without an office visit.
- **Increases health care professional licensing flexibility including:**
  - Allowing professional regulatory boards attached to the Office of Professional Regulation (OPR) to issue a temporary license during a declared state of emergency to a graduate of an approved education program if licensing examinations are not reasonably available.
  - Allowing the Board of Medical Practice (BMP) to issue a temporary license during a declared state of emergency to a physician, physician assistant, or podiatrist licensed in another jurisdiction, free of charge for 90 days or until the state of emergency ends, whichever occurs first, and allows the BMP to reissue the temporary license if the state of emergency continues for longer than 90 days.
  - Allowing the Board of Nursing to waive or modify a collaborative provider agreement requirement as needed to allow APRNs to practice independently during a declared state of emergency.
  - Allowing OPR and BMP to issue temporary licenses, free of charge, to former health care professionals who retired from practice in Vermont
- **Expands telehealth insurance coverage by:**
  - Requiring health insurance plans to reimburse providers the same amount for the same services whether provided in person or through telemedicine.
  - Requiring health insurance plans to reimburse for services delivered by store-and-forward means.
  - Expanding existing telemedicine coverage to include dental services.
  - Allowing for waiver of telehealth requirements relating to HIPAA-compliant connections if it is not practicable to use such a connection



under the circumstances and for waiver of informed consent requirements if it is not practicable to obtain or document informed consent under the circumstances.

The provisions of Act 91 are tied to the duration of the Governor's declared State of Emergency, which currently runs until October 15, 2020. H.960 (see below) proposes extending several Act 91 provisions to specific dates in 2021.

**Act 100 (S.182) – An act relating to government operations regarding emergency medical services and public safety in response to COVID-19**

The Governor signed into law a bill related to emergency medical services and public safety in response to COVID-19.

The bill:

- Eliminates the need for EMS credentialing;
- Extends licensing from one to three years;
- Requires health insurers to reimburse ambulance services directly; and
- Allows for sheriffs to access emergency needs fund for COVID-19 needs.

**Act 107 (H.950) – An act relating to allowing remote witnesses for advance directives for a limited time**

This act amends the advance directives statute to allow for remote witnesses during the COVID-19 pandemic. An advance directive executed after February 15<sup>th</sup> by a principal and a remote witness are deemed valid, provided that the witness and principal were known to each other, and that the principal includes the remote witness's name and contact information on the advance directive. The witness must attest that the principal seemed to understand the nature of the document and was free from duress or undue influence at the time the advance directive was signed. Advance directives may be witnessed remotely until June 30, 2021.

**Act 118 (H.635) – An act relating to regulation of long-term care facilities**

Act 118 makes three changes to the State's current authority to regulate long-term care facilities. These changes include authorizing the Department of Disabilities, Aging, and Independent Living (DAIL) to take immediate enforcement action in cases that are expected to cause mental harm to residents or staff. The statute previously granted DAIL this authority only in cases of physical harm. The Act also clearly defines what



“insolvent” means in evaluating whether a court may grant DAIL’s application to the court for receivership of a long-term care facility regulation. The final change makes it clear that in a receivership proceeding, the court shall consider the condition of the facility at the time DAIL files an application for receivership,

**Act 123 (S.128) – An act relating to physician assistant licensure**

Act 123 made several changes to the physician assistant licensing statute. These changes include replacing physician/physician assistant delegation agreements with practice agreements, removing physician liability for physician assistant activity, requiring the practice agreement include a plan to have a physician available for consultation at all times when the physician assistant is practicing medicine, allowing for emergency care by a physician assistant, defining physician assistant as a primary care provider, and allowing for direct payment for services rendered by a physician assistant. The Act does not change the scope of practice for physician assistants.

**Act 126 (H.438) – An act relating to the Board of Medical Practice and the licensure of physicians and podiatrists**

Act 126 makes several changes to the Board of Medical Practice’s statutes. Most of these changes are technical in nature or update the statute to reflect current practice by the Board. The act also clarifies what a reportable disciplinary action is for employers. The new section provides greater detail for required reporters to determine if a disciplinary action should be reported to the Board or managed internally by the employer. It clarifies that providers being investigated by the board of medical practice have a right to view their investigation file and have the opportunity to depose witnesses. The legislation also creates a framework to ensure hospital reporting of a disciplinary action even if the provider has voluntarily left the hospital.

**Act 137 (H.966) – An act related to COVID-19 funding and assistance for broadband connectivity, housing, and economic relief.**

- Act 137 provides \$213.2 million for broadband connectivity, economic recovery and housing initiatives. The law appropriates \$17.4 million for a new COVID-Response Accelerated Broadband Connectivity Program: Line Extensions. Up to \$2 million is allocated to subsidize customer line extensions (including health care facilities) in areas without 25/3 Mbps service. Health care providers may apply for assistance on behalf of a patient residing in Vermont for a line extension so that the patient can receive telehealth or telemedicine services from the health care provider.



- **Get Vermonters Connected Now Initiative.** Funding is directed to subsidize fiber-to-the-home installations, with prioritization for underground conduit that will provide broadband access to low-income households.
- **Temporary Broadband Lifeline Program.** The Department is authorized to subsidize monthly subscriptions for low-income Vermonters until December 31, 2020.
- **Wi-Fi Hotspots.** Up to \$50,000 may be used to deploy Wi-Fi hotspots.
- **\$800,000 to the Vermont Program for Quality in Health Care, Inc.** to fund telehealth services.

### **Act 140 (H.960) – An act relating to miscellaneous health care provisions**

Act 140 contains provisions addressing mental health, VPharm expansion, prior authorization, Act 91 extensions, and telehealth.

#### **Mental Health Provisions:**

- Requires that the Brattleboro Retreat undergo the GMCB's annual hospital budget review process, beginning no later than hospital FY024.
- Creates conditions for the Brattleboro Retreat to continue to receive state funding. These conditions include quality oversight measures, data reporting, and a report identifying how the Retreat has improved relations with its employees.
- Requires the GMCB to collect and review the designated agencies and specialized services agencies budgets, and other data related to their fiscal and quality information. This would not be a full budget review process.
- Creates the Mental Health Integration Council. The new council will be composed of 24 stakeholders and is charged with drafting a report identifying obstacles for full integration of mental health into the health care system and means to overcoming these barriers. A final report is due January 15, 2023.

#### **VPharm Expansion:**

- Act 140 also includes an expansion of the VPharm program. The program currently provides full prescription coverage to individuals with incomes below 150% of the federal poverty line (FPL), and maintenance medication coverage for individuals between 150% and 225% of the FPL. If signed, the bill would expand full prescription coverage to individuals below 225% of the FPL.



**Prior Authorization:**

- Eliminates prior authorization requirements for those procedures and tests for which the requirement is no longer justified or for which requests are routinely approved. It also requires the health plans to attest to the Department of Financial Regulation and the Green Mountain Care Board annually on or before Sept. 15 that it has completed the review and appropriate elimination of prior authorizations.
- Includes several reports related to reducing or eliminating prior authorization. These include: i) a report by DFR analyzing the opportunity to embed a real-time decision support tool into electronic health records; ii) the GMCB evaluating opportunities to align and reduce prior authorization under the Accountable Care Organization all-payer model, including opportunities to reduce Medicare administrative requirements; iii) a report from each major commercial insurer detailing a new pilot program to streamline or eliminate prior authorization for a subsection of providers; and iv) a report from the Department of Vermont Health Access (DVHA) detailing the Medicaid program's usage of prior authorization, and an evaluation of the program's prior authorization waiver pilot program.

**Telehealth:**

- Act 140 also includes provisions related to telehealth and created a DFR-led working group to develop recommendations for health insurance coverage of services delivered via telephone.

**Act 91 (H.742) – Extensions (see above):**

- Act 140 extends the duration of several, but not all, Act 91 provisions. These extensions include:
  - Sec 1) AHS authority to modify rules (through March 31, 2021)
  - Sec 3) Requirements that providers following Department of Health guidance for employee safety (through March 31, 2021)
  - Sec 4) AHS authority to permit variances to provider licensing rules (through March 31, 2021)
  - Sec 6) Medicaid provider enrollment and credentialing (through the end of the declared state of emergency)
  - Sec 8) Department of Financial Regulation (DFR) emergency rule making authority (Through July 1, 2021)
  - Sec 9) Maintenance medication early refills (through June 30, 2021)



- Sec 10) Pharmacist authority to extend a previous prescription for a maintenance medication (through June 30, 2021)
- Sec 11) Pharmacist authority to substitute drug due to lack of availability (through March 31, 2021)
- Sec 12) Buprenorphine prescription renewals (through March 31, 2021)
- Sec 13) AHS authority to reimburse long-term care facilities for bed-hold days (through March 31, 2021)
- Sec 17) Out of state health care professional licensing reciprocity (through March 31, 2021)
- Sec 18) Retired health care professional license renewal (through March 31, 2021)
- Sec 19) Out of state health care professional licensing reciprocity, imputed jurisdiction (permanently)
- Sec 20/21) Office of Professional Regulation/Board of Medical Practice authority to act for regulatory boards (through March 31, 2021)
- Act 140 also directs the Vermont Program for Quality in Health Care (VPQHC) to identify medically underserved areas that also lack broadband access, and opportunities to use federal funds to increase Vermonters who live in these areas ability to access clinically appropriate telehealth services.

#### **Act 142 (H.572) – An act relating to the Maternal Mortality Review Panel**

Act 142 is a bill related to the Maternal Mortality Review Panel. The panel will conduct comprehensive multi-disciplinary review of maternal deaths in Vermont for the purpose of identifying factors associated with those deaths and making recommendations to system changes to improve health care services in Vermont. The final version of the bill exempts Panel meetings from the Open Meeting Law. Records produced or acquired by the Panel are currently exempt from public inspection and copying under the Public Records Act.

#### **Act 150 (S.342) – An act relating to temporary workers’ compensation amendments**

Act 150 creates a presumption of workers’ compensation coverage for front-line workers who become infected with COVID-19. Front-line workers include emergency medical personnel, workers in health care facilities, long-term care facilities, home health care workers or personal care attendants. If a front-line worker becomes infected with COVID-19, an employer can overcome the claim by showing that it is more likely than not that the employee contracted the virus outside of the workplace.



For non-frontline workers, death or disability from COVID-19 is presumed to be compensable if the employee received a positive test not more than 14 days from when they were in close contact with an infected person in the workplace or if they have performed services where someone was diagnosed within 14 days of exposure. An employer can rebut the claim by showing they followed safety guidelines.

### **S.233 (Act number to be assigned) - An act relating to uniform licensing standards**

The Governor has signed into law S.233, a bill that creates uniform standards for licensure processes in the areas of military credential verification, continuing education and endorsements from other states. The law also includes a provision that would allow military medics to become eligible for practical nurse licensure.

## **Bills Awaiting Signature by the Governor**

The following bills passed during the August-September portion of the legislative session but have not yet been enacted into law:

### **H.607 - An act relating to increasing the supply of nurses and primary care providers in Vermont**

H.607 includes several health care workforce initiatives. The bill directs the Director of Health Care Reform in the Agency of Human Services to maintain a strategic workforce plan. The bill also establishes an advisory group of stakeholders, including representatives from hospitals and long-term care facilities, to advise the Director of Health Care Reform on the state's strategic workforce plan. A plan draft is required to be submitted to the Green Mountain Care Board by July 1, 2021 for approval.

H.607 also creates two workforce scholarship programs. First, roughly \$600,000 in Global Commitment funds are allocated for The Rural Primary Care Physician Scholarship Program to support in-state tuition for up to ten students in their third and fourth year at the University of Vermont's Larner College of Medicine. In exchange for tuition, students receiving the scholarship must commit to practicing primary care in a rural area of the state, in a FQHC service area, or in a setting or practice not owned by an academic medical center for at least two years.

H.607 also funds roughly \$1 million in nursing scholarships. Students pursuing a practical nursing, associate's, or bachelor's degree in nursing that commit to working in Vermont for at least one year after licensure are eligible for the scholarship. The Vermont Student Assistance Corporation (VSAC) would administer the scholarship.



The bill also requires the Director of Health Care Reform to identify the primary causes of the nursing workforce shortage and proposed solutions, and to submit a report to the Legislature by March 1, 2021.

#### **H.611 – An act relating to the Older Vermonter’s Act**

H.611 would establish the Older Vermonter’s Act. The bill establishes a set of principles, supports and protections for Vermonter’s over the age of 60 and requires the Department of Disabilities, Aging and Independent Living (DAIL) to incorporate these principles in the state plan on aging.

The legislation also repeals a provision in current law that requires a home health and hospice agency to conduct an annual needs assessment. Instead, agencies will be required to participate in other existing planning activities, including the Health Resources Allocation Plan prepared by the GMCB and the community needs assessments prepared by hospitals.

#### **H.663 – An act relating to expanding access to contraceptives**

Lawmakers approved H.663, a bill that expands access to contraceptives and requires health insurance to cover at least one drug without cost-sharing.

#### **H.795 - An act relating to hospital price transparency**

This bill would create a hospital price transparency dashboard to be operational by February 15, 2022. The Green Mountain Care Board (GMCB) is tasked with using Vermont Health Care Uniform Reporting and Evaluation (VHCURES) data to develop a dashboard that would allow consumers to review the price of a procedure at different hospitals. The bill also requires the GMCB to consider and provide recommendations on ways to increase hospital financial sustainability, as well as to increase equity in reimbursement across providers. The bill contains provisions that addresses the confidentiality of information provided by hospitals regarding financial sustainability. In addition, insurers would be required to provide the GMCB with information regarding payments to providers, and similarly addresses the confidentiality of such information.

Finally, the legislation also includes clarification on DRF emergency COVID-19 rulemaking authority with respect to health insurance coverage. It requires health insurers to waive or limit cost-sharing requirements related to COVID-19 diagnosis and treatment, including tests for influenza, pneumonia, or other respiratory viruses when it is the primary or secondary diagnosis.



**S.54** – An act relating to the regulation of cannabis

The House and Senate conferees came to agreement on a compromise to establish a Tax and Regulate framework for cannabis in Vermont.

**S.220** – An act relating to professional regulation

This is the annual omnibus Office of Professional Regulation (OPR) Bill. It includes a provision to eliminate the requirement that clinical nurse educators have a master's degree. The bill expands the scope of practice of pharmacists to give them limited prescribing authority. It would allow a pharmacist to administer an appropriate vaccine to mitigate the effects on public health after finding that existing channels for vaccine administration are insufficient to meet the need. Pharmacists currently administer vaccines to individuals over 18. The legislation would potentially allow the Vermont Department of Health to develop a protocol that would expand authority for influenza administration to other age groups including pediatrics. The legislation also allows pharmacists to administer tests for COVID-19 and related SARS associated viruses. The legislation sunsets the SARS-CoV testing authority on July 1, 2021.

**S.354** – An act relating to emergency measures for the operation of state government

The House approved a slimmed down version of a bill that establishes temporary changes to law that could be triggered by future gubernatorially-declared states of emergency. The bill addresses the use of Australian ballot for municipal and school district meetings in 2021 and local elections.

The House removed provisions that would establish a process for the Office of Professional Regulation and Board of Medical Practice to act on behalf its licensed providers and boards to practice under certain requirements. The committee plans to address it when they return in January.



## **Bills That Did Not Pass During the Legislative Biennium**

In order for these bills to advance during the new biennium beginning January 2021, they would need to be re-introduced and pass both the Senate and the House.

### **H.107 – An act relating to paid family and medical leave**

In early February, the Governor vetoed H. 107, a bill that proposed creating a mandatory paid family leave program. The House attempted to override that veto. The measure failed, falling one vote short of achieving the required 2/3 majority.

### **H.162 – An act relating to removal of buprenorphine from the misdemeanor crime of possession of a narcotic**

A bill that proposes to remove buprenorphine from the misdemeanor crime of possession of a narcotic was ‘ordered to lie’ by the Chair of the House Judiciary Committee. Buprenorphine is an opioid used to treat opioid use disorder, acute pain, and chronic pain.

### **S.125 – An act relating to the Interstate Nurse Licensure Compact**

S.125 would require Vermont to join the Interstate Nurse Licensure Compact. The bill passed the Senate on May 29<sup>th</sup>. The House began consideration of the bill prior to the recess in June, however, it did not advance the bill prior to adjournment.

### **S.185 – An act relating to adopting a climate change response plan and regional planning commission involvement in identifying health care-related needs**

The Senate advanced S.185, a bill that would adopt a climate change response plan and requires regional planning commission involvement in identifying health care-related needs, but the bill stalled in the House. It would have directed the Vermont Department of Health to develop a climate change response plan for the state and to develop a communication plan that establishes responses to climate change related health risks with the regional planning commissions. It would have directed regional planning commissions to identify health care related needs in each region. Finally, it would have required hospitals, in consultation with regional planning commissions, to have a protocol for meaningful public participation in its strategic planning process for identifying and addressing health care needs that the hospital provides or could provide in its service area.



**S.252 – An act relating to stem cell therapies not approved by the FDA**

The Senate Health and Welfare advanced S.252, a bill that proposes to require health care providers who administer stem cell products that are not approved by the U.S. Food and Drug Administration to provide notice of this fact to their patients and in their advertisements, and to obtain specific informed consent prior to performing an unapproved therapy. The chair of the House Health Care committee informed the Senate Health and Welfare chair that they would not be taking up the bill in this abbreviated session and the bill was ultimately recommitted to the Senate Health and Welfare Committee.

**S.288 – An act relating to banning flavored tobacco products and e-liquids**

The Senate Health and Welfare Committee unanimously approved legislation that would ban all flavored tobacco products, including menthol cigarettes and flavored e-cigarettes. Many senators were uncomfortable, however, with the ban on menthol cigarettes, and the bill has stalled in the Senate Finance Committee.

**S.290 - An act relating to health care reform implementation**

The Senate Health and Welfare Committee spent considerable time on S.290 early in the session, but tabled discussion due to COVID. This bill, among other things, would have expanded the Green Mountain Care Board's regulatory authority by creating additional reporting, certification, and budget requirements for accountable care organizations; directing hospitals to report certain rate increases to the Green Mountain Care Board; imposing new requirements on contracting between health plans and health care providers; requiring the Board to begin exercising its rate-setting authority and to establish site-neutral reimbursement amounts; and directing the Board to review and approve contracts between health plans and health care providers.

Some provisions were modified and included in H.795, the hospital transparency bill (see above).

