

## Final 2024 New Hampshire and Vermont Legislative Update

### New Hampshire

#### ***Hospital Financing***

While not a budget year in New Hampshire, the Legislature debated several bills with significant impacts on hospital financing and reimbursement processes. First and foremost, hospitals and the state needed to renegotiate the state's Medicaid Enhancement Tax (MET) paid by the hospitals, and Disproportionate Share Hospital (DSH) disbursement determinations as the existing agreement sunsets on June 30, 2024. Unfortunately, the Legislature (and the Administration) could not reach an agreement on MET/DSH. This matter will now be taken up by the NH DHHS in administrative rulemaking.

Additionally, we were engaged with the following legislation:

***SB 561 – Prior authorization***

Would require written processes for prior authorization and utilization review determinations; shorten allowable timeframes for carriers to make prior authorization and utilization determinations; and provide minimum qualifications for peer-to-peer reviewers

Status – Signed into law

Dartmouth Health position – **Supported**

***SB 557 – prohibits health insurance carriers, PBMs, and other third-party payers from discriminating against an entity participating in the 340B drug pricing program***

Status – Signed into law

Dartmouth Health position – **Supported**

***HB 1081 – requires health insurance providers to directly reimburse ambulance service providers***

Status – Signed into law

Dartmouth Health position – **Supported**

***SB 407 – establishing a ground ambulance cost reporting program and a study by an independent actuarial and accounting expert of the cost of providing ground ambulance services in the state.***

Status – Signed into law

Dartmouth Health position – **Supported**

***SB 409 – reimbursement for ambulance services under the state Medicaid plan***

Status – Passed both the Senate and House; waiting gubernatorial action

Dartmouth Health position – **Supported**

***SB 173 – codifying parallel state standards to the federal No Surprises Act***

Creates an option that allows health care provider or facility to utilize either the state or federal IDR process

Status – Signed into law

Dartmouth Health position – **Monitored**

#### ***Behavioral Health***

While the state continues to implement its 10-year mental health plan, there were a few bills introduced in the Legislature that would have improved access to the continuum of mental health services. However, these bills did not advance this legislative session. There is one bill remaining:

***SB 411 – establishes a committee to study emergency mental health services for persons 21 years and younger***

Status – Signed into law

Dartmouth Health position – **Supported**

## *Workforce*

In order to support our current workforce and ensure our ability to attract and recruit, we work to advance legislation that will streamline licensing processes, provide for workforce supports, and expand capacity. This session we are advocating for several pieces of legislation, including:

***SB 371 – changing resident physician licensing processes to allow for parallel licensing with residency***

*Status – Original language amended out of the bill; bill failed*

Dartmouth Health position – **Supported**

***SB 403 – establishes a certification process for community health workers under OPLC, which will allow for Medicaid reimbursement***

*Status – Signed into law*

Dartmouth Health position – **Supported**

***HB 1585 – appropriates \$300,000 for the state loan repayment program for qualified nursing professionals***

*Status – Signed into law*

Dartmouth Health position – **Supported**

***HB 1222 – revises the requirements governing collaborative practice agreements for physician assistants to allow for a waiver process for independent practice; and establishes a committee to study the scope of physician assistant practice***

*Status – Signed in law*

Dartmouth Health position – **Monitored**

## *LGBTQIA+*

There have been more than twenty pieces of legislation filed, heard, and debated that would impact the LGBTQIA+ community. To advocate for inclusive communities that advance population health, Dartmouth Health has been working closely with external partners to oppose discriminatory legislation. We have also affirmatively opposed legislation that would directly impact a person's ability to access medical care.

***HB 619 – Prohibits gender affirming bottom surgery for minors and prohibits referrals for such care***

*Status – Signed into law*

Dartmouth Health position – **Opposed**

***HB 1660 – prohibiting Medicaid from covering gender affirming surgeries for minors***

*Status – Passed the House, Tabled in the Senate*

Dartmouth Health position – **Opposed**

## *Maternal health and women's healthcare*

Early in the session, the Senate and House each heard several bills that would have positively (or negatively) impacted access to women's reproductive healthcare. Most of the bills relative to reproductive care, either pro or con, were killed.

***SB 461 – requiring health care provider to report information about abortions performed to DHHS***

*Status – Passed Senate; Killed in the House*

Dartmouth Health position – **Opposed**

***HB 1010 - expanding midwifery scope of practice***

*Status – House HHS retained*

Dartmouth Health position – **Opposed**

***SB 484 – changes to the processing of live birth worksheets that would have impacted the state's ability to track maternal and infant health and implement targeted health improvements***

*Status – Tabled in the Senate*

Dartmouth Health position – **Opposed**

### *Population Health*

We track, monitor, and provide testimony on legislation that impacts the health of our communities. This legislative session we have worked to oppose several bills that would impede population health efforts, such as the elimination of vaccine requirements in childcare centers. We have also worked to advance several bills that would positively impact population health.

***SB 559 – incorporates the RSV immunization into the NH Vaccine Association so health systems can procure the immunization from the Association (largely for pediatric population)***

*Status – Signed into law*

Dartmouth Health position – **Supported**

***SB 352 – \$5M to implement statewide cancer screening for firefighters***

*Status – Signed into law*

Dartmouth Health position – **Supported**

***SB 467 – establishes a CHaD license plate decal, revenue from the decal will be dedicated to the injury prevention fund***

*Status – Signed into law*

Dartmouth Health position – **Supported**

***SB 499 - hunger for children, older adults, and people with disabilities***

*Status – Signed into law*

Dartmouth Health position – **Supported**

***SB 399 – ensure insurance coverage for blood testing associated with elevated lead levels***

*Status – Signed into law*

Dartmouth Health position – **Supported**

***HB 1283 – establishes end of life options for a person with terminal illness to receive medical assistance in dying***

*Status – Passed House; Interim Study in the Senate*

Dartmouth Health position – **Monitored**

### *Administration- privacy and patient/parental consent*

There were several bills that would impact our operations as a health care organization.

***HB 1663– relative to patient confidentiality and patient protections***

Would have entailed extensive administrative burdens relative to patients' record management, safety and quality review and improvement, and patient access to medical records

*Status – House HHS retained*

Dartmouth Health position – **Opposed**

***SB 573 – establishing a committee to study consent and confidentiality laws applicable to adolescent and young adult health care***

*Status – Signed into law*

Dartmouth Health position – **Opposed original bill; neutral on amended bill**

***SB 400 – reduces the maximum cost for medical records and to be provided electronically if requested***

*Status – Passed the Senate; Interim Study in the House*

Dartmouth Health position – **Monitored**

***SB 462 – increased the cap on damages for wrongful death loss of consortium claims***

*Status – Signed into law*

Dartmouth Health position – **Monitored**

## Vermont

### ***Budget Adjustment Act***

- Increases skilled home health reimbursement rates
- Increases funds to pay for skilled nursing facilities labor costs
- Extends the home health CON moratorium to July 1, 2030

### ***Hospital Financing***

#### **H.766 – Prior authorization, claims edits, and step therapy requirements**

Prohibits most prior authorization requirements in connection with primary care for commercial plans.

*Status – Signed by the Governor on May 20, 2024, now Act 111*

#### **H.721 – Medicaid Expansion –**

Would have expanded the Medicare Savings Program to reduce out-of-pocket costs by paying Part B premiums and cost-sharing.

*Status – The bill did not pass the Senate; however, portions were included as part of the FY25 budget including expanded eligibility for the Medicare Savings Program (Qualified Medicare Beneficiary Program income threshold increased to 145% FPL), a technical analysis of rates, and premium invoicing suspension for Dr. Dynasaur.*

#### **H.861 – Audio-only reimbursement parity**

*Status: Signed by the Governor on May 13, 2024, and is now Act 108.*

#### **H.622 – EMS providers reimbursement for treatment and training personnel**

*Status: Signed by the Governor on June 6, 2024*

#### **H.621 – Health insurance coverage for diagnostic breast imaging with no cost sharing**

*Status: Signed by the Governor on April 25, 2024, and is now Act 94*

#### **H.741 – Insurance coverage for colorectal cancer screening to align coverage risk individuals with the U.S. Preventative Services Task Force (USPSTF) recommendations.**

*Status: Signed by the Governor on April 25, 2024, and is now Act 95.*

#### **H.883 – Border Hospital Rate Increase**

The FY25 budget included \$2.175 million to ensure that the rate of pay to out-of-state hospitals ten miles from the border will increase as a percentage of rate paid to in-state hospitals.

*Status: Signed by Governor on May 23, 2024, and is now Act 113*

#### **H.883 – Skilled Home Health Rate Increase**

The FY25 budget included \$1.3 million to increase reimbursement rates for skilled home health services to 100% of the Medicare Low Utilization Payment Adjustment (LUPA).

*Status: Signed by Governor on May 23, 2024, and is now Act 113*

### ***Behavioral/Mental Health***

#### **H.883 (FY2025 Budget)**

\$1 million for start-up costs for psychiatric youth inpatient facility at Southwestern Vermont Medical Center and \$3.5 million for Psychiatric Residential Treatment Facility services for individuals under the age of 21 at the Brattleboro Retreat.

*Status: Signed by Governor on May 23, 2024, and is now Act 113*

## ***S.192 – Forensic facility admissions criteria and processes***

This bill establishes admission criteria and processes for a forensic facility. The purpose and intent of the bill is to enable the commissioner of the Department of Mental Health (DMH) to seek treatment and programming for certain individuals in a forensic facility and to update the civil commitment procedures for individuals with intellectual disabilities.

*Status: Signed by Governor on May 10, 2024, and is now Act 137*

## ***Workforce***

### ***H.247 – Adoption of the Occupational Therapy Licensure Compact***

*Status: Signed by the Governor on May 23, 2024, and is now Act 112*

### ***H.543 – Adoption of the Social Work Licensure Compact***

*Status: Signed by the Governor on April 23, 2024, and is now Act 91*

### ***H.847 – Peer support provider and recovery support specialist certification***

Creates a certification for peer support providers and peer recovery support specialists. Certified individuals will be able to bill Medicaid for their services once the program is established under the Office of Professional Regulation.

*Status: Delivered to the Governor on June 10, 2024*

### ***S.189 – Provider safety***

Develops mental health response service guidelines and provides social service and home health provider safety by giving home health agencies flexibility to decline to send staff into homes with known safety concerns and clarifies that an agency can refuse service to a patient who has been discharged for safety reasons previously.

*Status: Signed by Governor on May 23, 2024, and is now Act 115*

### ***H.883 – Nursing Home Workforce Incentive Funding***

The FY25 Budget includes \$1 million in one-time contingency funding for healthcare workforce recruitment and retention incentives. The funding is split into \$500,000 for licensed nursing assistant programs to support recruitment and program capacity, and \$500,000 for recruitment and retention grants for Medical Directors and Rounding Physicians at skilled nursing facilities.

*Status: Signed by Governor on May 23, 2024, and is now Act 113*

## ***Maternal Health and Women’s healthcare***

### ***S.173 – Collection, sharing, and selling of consumer health data, specifically reproductive care.***

*Status: This bill is included in the larger data privacy bill, H.121.*

*Governor Vetoed; Veto Sustained by the Senate*

## ***Pharmacy and Pharmaceuticals***

### ***H.233 – Pharmacy benefit managers***

The bill establishes standards and criteria for the licensure and regulation of pharmacy benefit managers providing claims processing services or other prescription drug or device services for health benefit plans.

*Status: Signed by Governor on May 30, 2024, and is now Act 127*

### ***S.98 – Green Mountain Care Board authority over prescription drugs***

This bill requires the GMCB, in consultation with advisory group and other state agencies, to explore and create a framework and methodology for implementing a program to regulate the cost of prescription drugs for consumers.

*Status: Signed by Governor on May 30, 2024, and is now Act 134*

### **Population Health**

#### ***S.25/S.197 – PFAS***

These bills prohibit the manufacturer, sale and distribution of certain products and packaging containing PFAS and other named chemicals. Drugs approved by the Federal Drug Administration are exempt. The committee agreed to include a provision specifically directing the evaluation of whether federally approved and regulated personal protective equipment, pharmaceuticals, medical devices, and dietary supplements should be regulated under the consumer products program. The report is due 11/1/2024.

*Status: Signed by Governor on May 30, 2024, and is now Act 131*

#### ***S.114 – Psychedelic Therapy Advisory Working Group***

This bill creates the Psychedelic Therapy Advisory Working Group to examine the use of psychedelics to improve physical and mental health and to make findings and recommendations regarding the advisability of the establishment of a state program to permit health care providers to administer psychedelics in a therapeutic setting. It will also look at the impact on public health.

*Status: Signed by Governor on May 29, 2024, and is now Act 126*

#### ***S.186 – Systemic evaluation of recovery residences and recovery communities***

This bill requires the Vermont Department of Health (VDH), in collaboration with state agencies and community partners, to develop and recommend a certification program for recovery residences. It also requires VDH to complete an assessment of the recovery residences in the state.

*Status: Signed by the Governor on June 6, 2024*

#### ***S.187 – Student application of sunscreen***

This bill allows students in public and approved independent schools to possess and self-administer topical, non-aerosolized sunscreen at school with the permission of a parent or guardian.

*Status: Signed by the Governor on May 6, 2024, and is now Act 98*

#### ***S.302 – Public health outreach programs regarding dementia risk.***

This bill directs various departments to educate health care providers and the public about dementia risks and the benefits of early detection.

*Status: Signed by the Governor on June 6, 2024*

#### ***H.72 – Harm reduction and overdose prevention centers***

This bill provides for a number of overdose harm reduction strategies (syringe needle exchange) and establishes an overdose prevention center in Burlington once the city applies for a grant and it has been approved by the Burlington City Council.

*Status: Vetoed by the Governor; Veto overridden on June 17, 2024*

### **Administration – Privacy**

#### ***H.121 – Enhanced data privacy***

This bill aims to enhance consumer privacy by regulating data collection, protecting civil rights, and provide legal resource for privacy violations. HIPAA-covered entities and their business associates are largely exempted.

*Status: Governor Vetoed; Veto Sustained by the Senate*

#### ***S.183 – Re-envisioning the Agency of Human Services***

This bill re-envisioning the current Agency of Human Services (AHS) and requires the Secretary to evaluate the current structure of AHS, identify potential options for re-envisioning the agency and engage in a cost-benefit analysis of each option, and develop one or more recommendations for implementation.

*Status: Signed by Governor on May 28, 2024, and is now Act 119*